	1			STATE OF MARYLAND		
	1.	FOR STATE	DEP	ARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 2	2 3 8 7
	1.05	REGISTRAR	MIDDLE	LAST	REG. NO.	NTH DAY YEAR TO HOUR
		CEASED NAME FIRST OR PRINT)	MIDDLE	1.1 "	20. DATE OF DEATH MON	0 10 00
	0.05	Mabel	1. RACE	HNACHORI	September	
	3. SE	,	14/11TE	5. DATE OF BIRTH	061	MONTHS DATS HOURS
0-		CMOC RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN		9 BALTIMORE CITY OR C	YRS.
33		COUNTRY) ARA	11.5 A	MARRIED WEVER MARRIED	11. 0 - 0	DON'T OF BEATH
	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL NI	WIDOWED DIVORCED  JRSING HOME OR OTHER INSTITUTION		12b. KIND OF BUSINES
00	He	une de Grace	(IF NOT IN SUCH FACILITY, GIVES		STOMEMIAK	ORKING LIFE) INDUSTRY
30/	USU 13a	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE INTY	DEFORE ADMISSION) TOWN 13d. INSIDE CITY LIMIT		
10			2- 24	CE GAMBES ON NO [	LOO LEV	V15.5T
The Contract	14. F/	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDER	NAME	
( EX	1	TAMES	- 1101	VOALE SAD	15 - 6	PREENLAND
medical		AS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL	SECURITY NO. 17. INFORMANT	ADDRESS	16 SciUnian A
H H		NO	- 219-6	7-3915 /M. CARI	OLL W. CULLUM.	HDEGIM
t, the		18. CAUSE OF DEATH (Enter on	ly one couse per line for (0) At	n, and ici.	1.	BETWEEN ONSET AND DE
event,		PART I. DEATH WAS CAUSE  IMMEDIAT	TE CAUSE (O) A TO	no Schandic Co	vodollas cula.	d
atic		4292	DUE TO, OR 48% CONS	EQUENCE OF	- 10	
fraum	18	Conditions, if any, which	( 6) COTO	long vascular	MSULF.	
h- (1)		gave rise to immediate cause (a) stating the	DUE TO, OR ASLA SONS	EQUENCE OF	1 04-	.4
ar ath		underlying cause last.	1 10 Chris	and grain Sipre	mano csa	will by
njury, o	z	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OF CONDITI	ON GIVEN OF PART IVO
ony in	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	20g AUTOPSY? 20	b. IF YES, WERE FINDINGS USED
moys 9	ΙĔ				YES NO	CERTIFYING CAUSES OF DEATH
	E E	21a. ACCIDENT WAS UNDERLYING	LICUS A MA MONITUR	21c. HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN	ITEM 18 PART T OR PART 2)
9	¥	OR CONTRIBUTING CAUSE OF DEA		DAY TEAK		
1	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION	CITY OR TOWN	COUNTY STA
	Z	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	•	
		220.1 certify that (I) (this hospi	tal) attended the deceased fr	om, 19	, to	, 19, that {II (we
21 is		sow the deceased alive on	ot) view the body ofter death.	19, and that in (my) (our) opi	nion death occurred on the date o	and hour and from the causes state
E		22b. SIGNATUR	The will body one deam.	DEGREE		77L DATE SIGNED
±		4/1	Lee	M.D ATTENDIN	MEDICAL STAFF	13/0
IMPORTANT	1	276 PHYSICIAN'S NAME THERED	at Patrick	22e ADDRESS	1 1 1	11/10
ğ		V.T.	ee	Muray	Most (Vi	we Hate
<u> </u>		URIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF CEMETERY OR CREMATE	DRY 23d. LOCATION	
		BURIAL	SEPT,7.84	HARFURDMEMA	ORDENS -	HARFORD 1
4/B2	24 F	INERAL DIRECTOR	0: 11		DATE REC'D. BY REGISTRA (2)6.	REGISTRATE STATURE
	1	TRHELL F.H.	T.A. ITAURIE	F. GONGE MOVE	ED 7 1987	and a man

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(VRA 15, 4)

William E. Anderson, Baltimore, Md APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 1th IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES: NO [ THE HOW INJURY OCCURRED TENTO MATTER OF MODEL WITHIN IN MALE CREATED COUNTY STATE and that in (my) (our) opinion death occurred on the date and have and from the causes stated 24 FUNERAL DIRECTOR 25g. DATE REC'D. BY REGISTRAR 25b. REGISTRAR ohn H. Harkins 600 Main St. Delta

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2b HOUR

126. KIND OF BUSINESS OR

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IF UNDER 24 HRS.

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M	, SI	1	4. RA	CE 1.10 - L	MON		6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER I YEAR	
-	1/2	JEMEN STATE CORE		TIZEN OF WHAT CO	S WW	4 2, 1893	89	YRS. PR COUNTY OF DEATH	
851		COUNTRY HOUSE	78. 01	1/50	MARRI	ED NEVER MARRIED DIVORCED	Har	( )	
8 -	_	ITY OR TOWN OF DEA	тн 11. г	NAME OF HOSPITAL	, NURSING HOME	OR OTHER INSTITUTION	12ª USUAL OCCUPATI		OF BUSINESS
E/	AH.	avre de Gra	11	ENOT IN SUCH FACILITY, O	1emovies	Hospital	HOUSEWIFE		Emaker
100	USU 130.	STATE	HOLES	INSTITUTION, GIVE RESIDE	OR TOWN	138. INSIDE CITY LIMITS?	13e. STREET ADDRESS.	,	
ner -	14. F	ATHER'S NAME	TTINC YOU	ico. I ja	MOTON	YES NO	2517 PI	easantville	ra
10×2/		Charles	WIOOFE		ESCh	FIRST EILA	- Amelia	Stegffie	AST
loo		WAS DECEASED EVER		FORCES? 16b. SOC	IAL SECURITY NO.	17. INFORMAL DAUGH	1077-1912 ADDRE	SS	
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roum		Conditions, if ony,		(b) (b)	4125	a comp	lus (4) en		
other		cause (0), stating underlying couse		DUE TO, OR AS A CO	SNSEQUENCE OF	lustin a	ion from	such x3	me
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rs ony	CERTIFICATION	19a. DATE OF OPERA	10N 1	196 CONDITION FOI	R WHICH OPERATION	ON WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE	
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or Item 18 show		OR CONTRIBUTING C	AUSE OF DEATH	HOUR A.M. MON		THE HOW INSORT OCCU	LEWIER NATURE OF INJU	IT IN HEM IS PART   ORPART 21	
or them	MEDICAL	(IF EITHER NOTIFY MEDIC		P.M. 1e. PLACE OF INJUR	19 Y	211. LOCATION			
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21 is				y the body after dea		and that in (my) (our) opinio	n death occurred on the de	ate and hour and from the	e cobses stated
He 3	1	22h SIGNATURE	(Sig nor) viev	The body after dea	in.	DEGREE		23c. DAH	ESIGNED
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IMPORTANT:		224 PHYSICIAN'S NA	ME (TYPE OR PRINT	7		220. ADDRESS	0 //	6-	7
APO 1	-	to Hour	Kow	n /1.1.	7. 319	Po CANION	Jul / THOM	ED3 GARE	21071
3	23a.	BURIAL, CREMATION,	REMOVAL 238	DATE (9-29-8		CEMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
		Burial [SPECIFY]		Ebt. 29, 1982		Emonal Park	MARTION, GTA	ut Co, Indiana	46952
4/82	24_	UNERAL DIRECTOR	m Foster	- WiBradd	ADORES WILLIA	ms St. 25a. D.	ATE REC'D. BY REGISTRAR		ATURE
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STATE OF MARYLAND

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n ond co		WAS DECEASED EVER YES NO OR UNKNOWN)		ED FORCES? VAR OR DATES)	16 505 AL 555U	が記	Mr. Edw. F.	Blane	y-903 C		ill Rd	. 21
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uG PHYSICIAN ottending phy certific this certific is the buriol-truly hand Mental hord and its or them I orked or them I	MEDICAL	OR CONTRIBUTING CONTRIBUTION OF STATE O	CALEXAMINER)	P./ 21e. PLACE C	M. N/A	19	211 LOCATION STREET	NA	CITY OR TOV	vn	COUNTY	S
the hospital or all DIRECTOR: A efoched for use of EDept. of Health is me.		22a. I certify that (1) sow the decease above, (1) (we) (c 22b. SIGNATURE			101	(	d that in (my) (our) opinio DEGREE  ATTENDING PHYSICIAN.		urred on the do			
TO HOSPITAL Of TO FUNERAL DISHOULD BE detoo		22d PHYSICIAN'S NA		KA	ROOY	1 - 1 -	216, T1071				RTIO	2/01
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DHMH-16 30M 2/80 (VRA 15, 4)		uneral director itchell-Wi	edefe:	ld Home	2-6500 REY O	rk Rd	21212 ISE	P 1 5	1982	REGISTRA	R'S SIGNATI	JRE

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	FOR STATE REGISTRAI	R		DEPAR	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8	REG. NO		3	8	8	2
	1. DECEASED NAM (TYPE OR PRINT)		hael	E.		Bolton	20. DATE OF	DEATH	MONTH 9	5	YEAR 82	26 HOUR 9:3	_ 1
	SEX Female		4 RACE White		5. DATE O	ber 19, 1894	6. AGE (IN YE	ARS LAST BIRT	HDAY)	IF UND	ER I YEAR DAYS	IF UNDER 24	4 HRS MIN.
5	Pennsyl	vania	U.S.A		WIDOWE	D NEVER MARRIED D		ford		Y OF DI	EATH		MD
0	Havre de	e Grace	(IF NOT IN SU	ens Nurs	ing Hor	OR OTHER INSTITUTION	120 USUAL C (TYPE OF WORK Cleri	FOR MOST OF	F WORKING	LIFE) INC	DUSTRY	F BUSINES	
5	Maryland	13ь C - <b>В-а</b>	1tamore	Belair		13d. INSIDE CITY LIMITS? YES NO 🔀		Locu	st A	venu	ıe		
0	FATHER'S NAM		M .	Harvey		Carrie	AME	MIDDLE		iten	our	т	
P	NO OR UNK	NOWN) (1F YE	S. ARMED FORCES? S. GIVE WAR OR DATES)	166 SOCIAL SE 219-22-	-0822	Mrs. Doroth	y Moser	1306				MATE INTERV	
7	Conditions gove rise cause to underlying	29 IMME , if any, which to immediate , stating the cause last	DUE TO, O	R AS CONSECUTING TO	DUENCE OF	GOTE ATED TO THE TERM	rosil	azy	C G	ES, WER		IGS USED OF DEATH	L.
7	OR CONTRIBU	IT WAS UNDERLYING TING CAUSE O OTIFY MEDICAL EXAM	MINER) HOUR A	DF INJURY ,M. MONTH ,M., OF INJURY REET, FACTORY, OFFIC	19	21c. HOW INJURY OCCUI	YESRRED {ENTER NAT	NO URE OF INJUR	Y IN ITEM 18	PART 1 OF		NO STA	
	C1993 1055 5055 4	than (I film in decembed also (I) live (did / di	gotpital: attrigital to	4	82, or	d that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN	, to	STAF	F	, 19	DATE	that (I) (we	e) last
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	230 BURIAL, CREA	$\mathtt{al}^{nation}$ , remo	VAL 236 DATE 9-8-1		NAME OF C	EMETERY OR CREMATORY	23d LOCA	TION OR TOWN	0	coun	Mary	land <sup>IA</sup>	TE

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR 1050 York Road Ruck Towson Funeral Home, Inc. Towson, Maryland

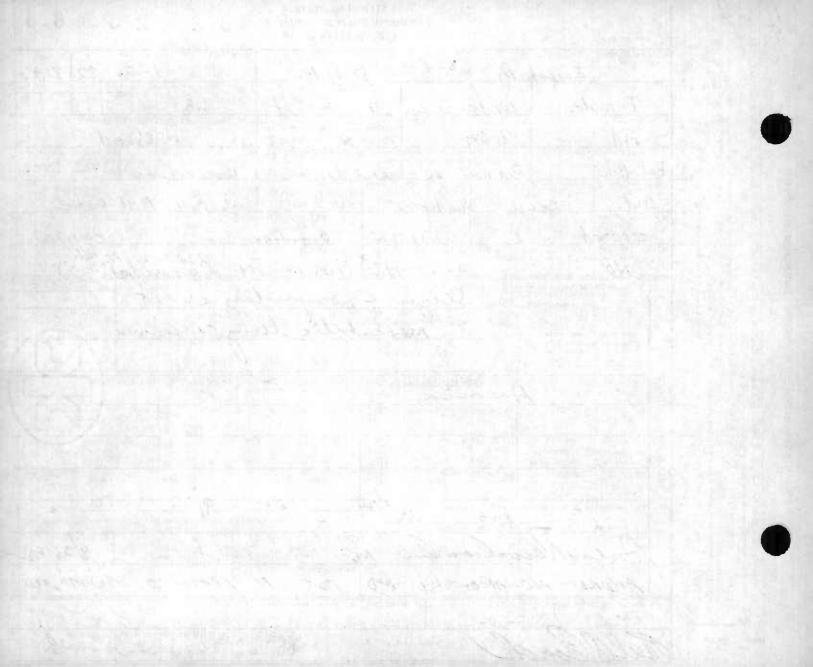
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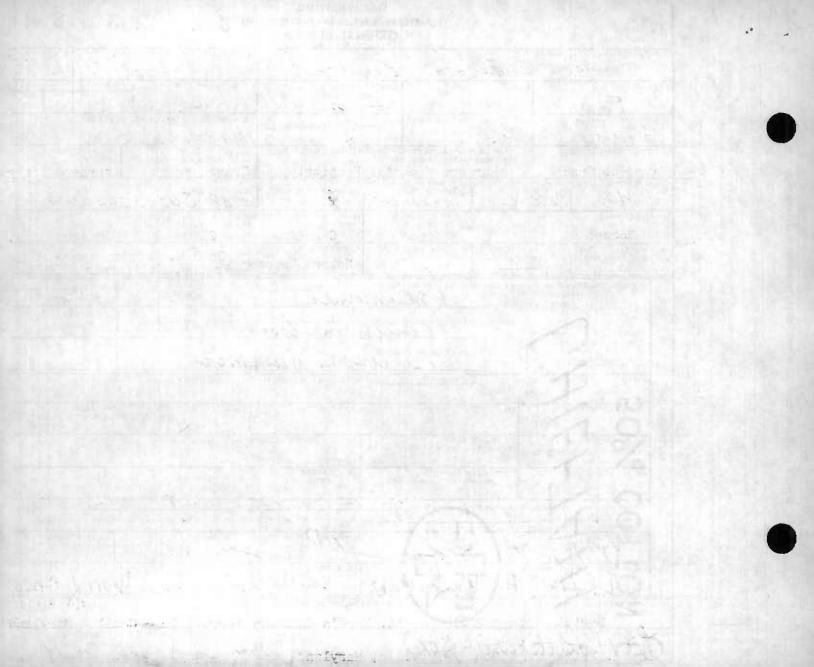
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2)	V	1	STATE OF MARYLAND						
0		1.	FOR STATE REGISTRAR	DEPA		IEALTH AND MENTAL HYG	0 2	2 3 8 8	4
		1. DE	CEASED NAME FIRST	WIDGLE		AST	REG. NO.	DAY YEAR 26. HOUR	8 42 -
	e ( ±	(TYPE	ORPRINT) MARY	ELIZA BETH	BRO	ONER	9-	18-82 12	03 0
	λοω ( Maria)	3. SE		4. RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 2	
ži L	4		Female	White	Sept		73 vrs. YRS	MONTHS DAYS HOURS	MIN.
	h. Poge 2 hour		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8.	D NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH	
	he funeral i within 72 h		Virginia	U.S.A.	WIDOWE	DIVORCED	HARFORD		MD.
	offer of the fi	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		OR OTHER INSTITUTION	120. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINES INDUSTRY	SS OR
201	5 2 =		vre de Grace	Harford Me		Hospital	Travel Agent	Aberdeen T	
ND 21	Filled Sold b	13a S	TATEMO, 13 COU	INTY 13 EITY OR T		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS	LEHA NNA	gency
RYL	± 50 E	14 F/	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA		TPAL	
AA	P   0   70	1	Robert	Kog	ger	Carolina	Olive	Shelton	
BALTIMORE, MARYLAND 21201	Poges medical		VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	8-3409	Robert Broom	3493 W. Mon ner Fresno. Cal		1
W. PRESTON ST., BALT	death certificate b attending physicia nove carbon papers. ation, ar remaval. traumatic event, the		1579 IMMEDIA	inly one cause per line for 1976 ED BY: ATE CAUSE (a)	NUM QUENCE OF	. 1-		APPROXIMATE INTERV BETWEEN ONSET AND D	
201	ires that the dea gned by the atte in please remove burial, cremation ry, or ather trour		Canditians, if ony, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSE	and	nona Ban	MAN INAL DISEASE OR CONDITION (	GIVEN IN PART I (0)	
DIVISION OF VITAL RECORDS,	ne law requirements by been signed permit. The permit sene prior to box sony injury	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH YES NO NO	H?
OF VITA	ding physicia bis certificate burial-transit Mental Hygie or Hem 18 sha	-	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE		DAY YEAR	21t. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	B PART I OR PART 2)	
VISION	IG PHYSIC offending for this cer is the burion on and Menti- rked or the	MEDICAL	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF		21f LOCATION STREET	CITY OR TOWN	COUNTY STA	ATE
0	ATTENDIN spital ar CTOR: Af d for use a d for use a r. of Health		220.1 certify that (1) (this hasp saw the deceased alive a	n	0 4	nd that in (my) (aur) apinion	=_, ta	, 19 , that (I) (we naur and from the causes state	'
	OR he ho DIRE		WWW h.	Mr In	or-		MEMCAL STAFF DIRECTOR   PHYSICIAN	724. DATE SIGNED	
	TO HOSPITAL retained by th TO FUNERAL should be det with the State IMPORTANT:		I RVIN	H. Wachs		South	Union Ave.	Havred Gr	ree
	F 2		BURIAL, CREMATION, REMOVA	L 23b. DATE	3c. NAME OF C	EMETERY OR CREMATORY	23d, LOCATION CITY OR TOWN	COUNTY HU . 210	ATI 8
	BP	24 1	Burial	Sept 21,1982	St. M	lark's Cemeter	y Perryville E REC'D. BY REGISTRARIZE REG	Cecil Mary	land
	DHMH - 16 50M 4/B2 (VRA 15, 4)	(	NEE H. fatt	ELSON & SON	Ville.	Maryland SE	24 1982 Joa	2 Comied	



Funeral Home P.A. Aberdeen Md. 21001-3

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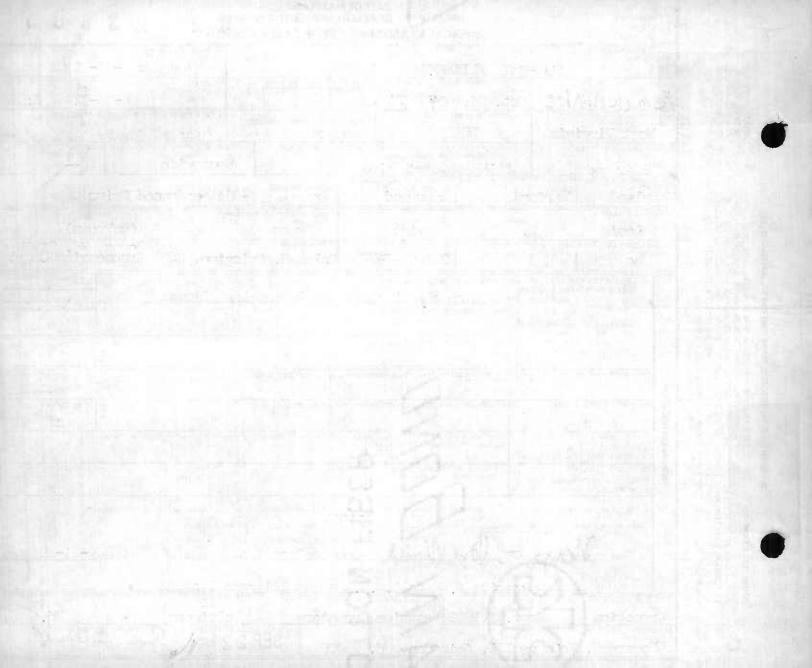
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		E1 05	STATE OF THE		04075	_		OF ESTI-			18.11001
_									W 9-10		M
3. SE2	4. RA	ACE .	MONTH DAY	YEAR LAST BIRT					MONTH		20 11001
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		R			8. AAA DD	NED NEVER MARRI	9. 8.	ALTIMORE CIT	Y OR COUNT	TY OF DEATH	
FC	West Viro	rinia	US	SA				harford	Count	.,	
											BUSINESS
1	3.		(IF NOT IN SUCH FA	CILITY, GIVE STREET ADDRES	5) -		FOR MOST	OF WORKING LIFE)		OR INDUS	TRY
	Edgewood		1 406A M	eadovood Dr	ive		nou	sewire			
la S	TATE	13b. COUN	or other institution, gi	13c. CITY OR TOWN	040	13d INSIDE CITY LIMITS?	113e STREET	ADDRESS			
Ma:	ryland	Harfo	ord	Edgewood		YEND NO	406A	Meadowo	od Dri	ve	
III.E	ATHER'S NAME				-	15. MOTHER'S MAIDE	NAME		1-1-0-0		
9		1	R. MIDDLE	Schmidt		Agnes		WIOOLE	(unk	nown)	
160 \					ON VII			ADDR			1100E
	ES, NO, OR UNKNOWN)						bienin.	2503	Green	spring	Court
	110			201-02-0	2,00,0	marph N. C	ттерш	0, 2000	GICCH	obr me	- COULT
	18 CAUSE OF DE	ATH (Enter on	ly one couse per line	for (o), (b), and (c).)	3.74		(13 h 3)			APPROXIMA BETWEEN ON	TE INTERVAL
	PARTIDEATH	WAS CAUSE	TE CALISE (a) A	rterioscle	rotic	cardiovasc	ular d	isease		-	
	429	2									
				AS A CONSEQUENC	F OF						
			DOE TO, OR	AS A CONSEQUENC	EOF						
1			(c)								
1	PART 2 OTHER SIGNIFIC	ANT CONDITIONS	CONTRIBUTING TO GEATH	BUT NOT RELATED TO THE T	ERMINAL OISEA	SE OR CONDITION GIVEN IN PA	RT 1 (a).				
N N											
1 3	190. DATE OF OPE	RATION	19b. CONDI	TION FOR WHICH OF	ERATION V	VAS PERFORMED?			170.0	20 AUTOPS	Y?
E										YES KEN	NO
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1 5					211.10	2011011					
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1	SIGNATURE	CANDIN	TE AN	2 mus	^	A.D. Assistant	MEDICAL	EXAMINER	SIGNE	9-21-8	32
	EVANABLED'S NIAM	. 1									
1	(TYPE OR PRINT)	M.	argarita	A Korell	M.D.	ADDRESS111	Penn S	treet			
23a. B	URIAL, CREMATION	,REMOVAL 2	3b. DATE		CEMETERY C	OR CREMATORY	23d. LOCAT	ION		MIA	STATE
C	remation	S	ent. 21 19	82 Westwie	w Cre	matory					_
		, ipi	CP 0.21,10	OF THOSUATE	W OIG	25a. DATE	REC'D. BY REC	ISTRAR 256 R	GISTRAR'S S		. A
	NAME HOTTOTAL TZ	MaCam	A TTT A	hinadon W	id 01	I CEI	P 2219	382 1	chur	La Calue	4
L	noward K.	MCCOM	as III, A	Dinguon, M	u. 21	009 -					-
	10. CI   10.	I - STATE REGISTRAR  I DECEASED NAME (TYPE OF PRINT)  3. SEX  I BIRTHPLACE (STATE OF POREIGN COUNTRY) West Virg  III. CITY OR TOWN OF D  Edgewood SUAL RESIDENCE (FINIT)  III. STATE FIRST  LOUIS  III. STATE (YES, NO, OR UNKNOWN)  III. CAUSE OF DE PART I DEATH  Conditions, if gove rise the couse (o) stort lying couse lo  PART 2 OTHER SIGNIFIC  WHILE AT WORK AT  220. Leertify the deoth resulted free EXAMINER'S NAM (TYPE OR PRINT)  236. BURIAL CREMATION (SPECIFY)  Cremation  24 FUNERAL DIRECTOR  25 FUNERAL DIRECTOR  26 FUNERAL DIRECTOR  27 FUNERAL DIRECTOR  28 FUNERAL DIRECTOR  29 FUNERAL DIRECTOR  20 FUNERAL DIRECTOR  21 FUNERAL DIRECTOR  22 FUNERAL DIRECTOR  24 FUNERAL DIRECTOR  26 FUNERAL DIRECTOR  27 FUNERAL DIRECTOR  27 FUNERAL DIRECTOR  27 FUNERAL DIRECTOR  28 FUNERAL DIRECTOR  29 FUNERAL DIRECTOR  20 FUNERAL DIRECTOR  21 FUNERAL DIRECTOR  22 FUNERAL DIRECTOR  23 FUNERAL DIRECTOR  24 FUNERAL DIRECTOR  25 FUNERAL DIRECTOR  26 FUNERAL DIRECTOR  27 FUNERAL DIREC	- STATE REGISTRAR  I. DECEASED NAME (TYPE OR PRINT)  S. SEX  4. RACE  White  3. SEX  4. RACE  White  3. SEX  4. RACE  White  3. SEX  4. RACE  White  4. RACE  White  5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  West Virginia  10. CITY OR TOWN OF DEATH  Edgewood  SUAL RESIDENCE (IF IN NURSING HOME OR STATE FIRST  LOUIS  14. FATHER'S NAME FIRST  LOUIS  156. WAS DECEASED EVER IN U. S. AR (YES, NO, OR UNKNOWN)  18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE  Conditions, if ony, which gove rise to immediate couse (a) stoting the under- lying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS  196. DATE OF OPERATION  196. DATE OF OPERATION  196. DATE OF OPERATION  210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF 21d. INJURY OCCURRED WHILE AT WORK AT WORK  220. I certify that I took charge death resulted from: Nature EXAMINER'S NAME (TYPE OR PRINT)  236. BURIAL, CREMATION, REMOVALI (SPECIFY)  Cremation  24. FUNRALE  236. BURIAL, CREMATION, REMOVALI 2376. BURIAL, CREMATION, REMOVALI 24. FUNRALE  24. FUNRALE  25. FUNRALE  26. SECTION  26. SECTION  27. FURRALE  27. FUR	TODECRASED NAME  (TYPE OR PRINT)  FLORENCE ELI  FLORENCE E	TOTATE REGISTRAR  I. DECEASED NAME (TIVE OR PRINT)  S. SEX  II. RACE  III. DATE OF BIRTH ONT OCT. 24, 1907  TOTAL  S. BIRTHPLACE (STATE OR FORMON COUNTRY)  WEST VIRGINIA  III. NAME OF HOSPITAL, NURSING HO (F. MOTIN SUCH PACKEY, ONE STREET ADDRES  40.6A Meadowood DT  SUSA  III. NAME OF HOSPITAL, NURSING HO (F. MOTIN SUCH PACKEY, ONE STREET ADDRES  40.6A Meadowood DT  SUSA  III. NAME OF HOSPITAL, NURSING HO (F. MOTIN SUCH PACKEY, ONE STREET ADDRES  40.6A Meadowood DT  SUSAL RESIDENCE (F. N. NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE RECORE AND III. STATE III. NAME OF HOSPITAL, NURSING HOME FIRST III. NAME OF HOSPITAL, NURSING HOME (F. MOTIN SUCH PACKEY, ONE STREET ADDRES  40.6A Meadowood DT  III. NAME OF HOSPITAL, NURSING HOME FROM THE PRINTING HOME OR OTHER INSTITUTION, GIVE RESIDENCE RECORE AND III. STATE III. NAME OF HOSPITAL, NURSING HOME FROM THE PRINT HOME III. NAME OF HOSPITAL, NURSING HOME III. NAME OF HOSPITAL III. NAME OF HOSPITAL, NURSING HOME III. NAME OF HOSPITAL III. NAME	SEATE REGISTAR   PRINST   MIDOLE	DECEASED NAME   PROST   MODES   LAST	STATE   REGISTRAR   MEDICAL EXAMINER'S CERTIFICATE OF DEATH   DECESSED NAME   PROFILE   MODEL   CAST   TO CAST   T	Toperation   The properation   The properation	Topic   Section   Test   Tes	Second   Procession   Process

STATE OF MARYLAND



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ac cay	DEGO	W )		CEASED NAME FIRST	WIDDLE	LAST		26. DATE OF DEATH A	AONTH DAY Y	EAR 26 HOU	JR 30_
CARLE	No No			Clist	ON Eucene	· Cle	veNger	Sep	t. 9 198	2 12	AM
10/11/8	Her po		3 SE	, 0	4. RACE	5. DATE OF B	SIRTH O YEAR	6. AGE (IN YEARS LAST BIRTH		TYEAR IF UNDER	24 HRS
17	Poge directo	- 1	V.	MAle	white	09	2 1957	25	YRS.	THE THE STATE OF T	
	Pog of direct	85		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	RY? I.	NEVER MARRIED	9. BALTIMORE CITY OR		TH	
	leath in 7	35		Maryland	USA	WIDOWED		HAK	FORD	44.5	MD.
	ofter dea the fune	Officed	10. C1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		OTHER INSTITUTION	128. USUAL OCCUPATION		IND OF BUSINE	SSOR
0	By Elec	(g)(g)	HA	rre de Arree	HARFORD	Memor,	Al Hospital	Dep't Publ		Aberdee	en
BALTIMORE, MARYLAND 2120	0 ii o	\$ C	USU/ 130. S	L RESIDENCE (IF NURSING HOME OF TATE 13b COUN	NOTHER INSTITUTION, GIVE RESIDENCE I	TOWN 1130	INSIDE CITY LIMITS?	13e STREET ADDRESS	Max	C L confres	27078
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RYL	2 5	The Co	14 FA	THER'S NAME	MIDDLE LAST	15.	. MOTHER'S MAIDEN NAM	AE MIDDLE		tAST	
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SALT	ote k	nt, the		IS CAUSE OF DEATH (Enter or	nly one couse per line for Jo), (b					APPROXIMATE INTER	DEATH
	rtific phy on po	even		PART I. DEATH WAS CAUSE	TE CAUSE (0) HEAR	tic Con	ma				
NO	h ce iding	offe		1552	DUE TO, OR AS A CONS	EQUENCE OF	11.	1.			
EST	deoth	troumofic	100	Conditions, if ony, which	1	noma of	the s	liver.			
8	the the	E		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSI	EQUENCE OF			1300		
3	that I by ease	r oth		underlying couse lost.	(c)		The state of the state of				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	ires gne gne	.y.	,	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE OR COND	TION GIVEN IN PA	ART IIa	LUL 1
ORD	en si	or of	CERTIFICATION								
ECC		So o	ICA	19a DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATION V	VAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE F		
AL	The L	how	RTIF					YES NO	YES 🗌	NO [	
>	SICIAN: ng physic certificat	18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	Ic. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PA	ART 2)	
Ö	SICL ng p	or Hem	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M.	19			1000	119	
Sion	PHY endir		AED	21d. INJURY OCCURRED	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF		I LOCATION STREET	CITY OR TOW	n coun	NTY 5	STATE
NO.		orked	^	AT WORK NOT WHILE AT WORK							1.07
-	NDIN of or of	Ē		22a I certify that (I) (this hospi	// - 0	(10	8 19 50	10 9-9	. 19_8	, that (f) (v	.,
-	ATTE Spite	n 21			ot) view the bady after death		hat in (my) (our) opinion d	leoth occurred on the dot			ated
	OR e ho	T He	30	226. SIGNATURE	_1//_	DEC	GREE ATTENDING	MEDICAL STAFF		DATE SIGNED	7
	TAL Ny th RAL det			14	No -			MEDICAL STAFF DIRECTOR PHYSICI	an 7	· 7 · 1X	/
	HOSPITAL	RTA		224. PHYSICIAN'S NAME TYPE	OR PRINT)	27	20. ADDRESS	A 11	( (-	lan I	
	etoined TO FUN should b	With the Store		Junther			UHION		e de broc	e, md	
		, 5 -		URIAL, CREMATION, REMOVAL SPECIFY)	23b. DATE	23c. NAME OF CEM	ETERY OR CREMATORY	23 d. LOCATION CITY OR TOWN	COUNTY	5	STATE
	BP	_		Burial	13 Sept. 82	Angel Hi	11 Cemetery	Havre de			1
	DHMH - 16 50M			INERAL DIRECTOR	ADDR		\	REC'D. BY REGISTRAR 2	Sh. REGISTRAR'S SK	GNATURE	
	(VRA 15, 4	)	Ta	rring Funeral 1	Home, P.A., Aber	deen, Md.2	1001-3399 5	FP 1 5 1092	0,	00.	. 1

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1	1			STAT	OF MARYLAND				
	1.	FOR STATE REGISTRAR	DEI		EALTH AND MENTAL HYC ICATE OF DEATH	GIENE 8 2	2 3	8	8 9
t 3		CEASED NAME FIRST OR PRINTS MAYU	MIDDLE	Con	k / in	20. DATE OF DEATH	MONTH DAY	PZ 2	2 S D
poge 3	3. SE		CAUCASIA	5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IF UN		IF UNDER 24 HRS
		RTHPLACE (STATE OR FOREIGN COUNTRY) Baltimore, Md.	76. CITIZEN OF WHAT COUL	NTRY? 8. MARRIE WIDOWE	D NEVER MARRIED DIO	BALTIMORECITY O		DEATH	MD.
11 8	Ł	TALLSTON	11. NAME OF HOSPITAL, N HINOT IN SUCH FACILITY, GIVE JALLSTON	GEN.	HOSPITAL	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOme make)	F WORKING LIFE)	26. KIND OF I NDUSTRY Home	BUSINESS OR
filled in house be	3a. :	AL RESIDENCE (# NURSING HOME STATE 13b. CO Md. Hari	UNTY 13c. CITY OF		13d. INSIDE CITY LIMITS?		Joppa Farm B	Md.2]	1085
120		THER'S NAME FIRST Joseph	MIDDLE Kubeni.cl	k	15. MOTHER'S MAIDEN NA FIRST  Mary	WIDDLE		LAST	
Proges Frages		VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) (IF YES, A	GIVE WAR OR DATES)	1=0439	Mr. Donald	J. Conklin		Md. 23	Farm Rd. 1085
signed by the ottendin hen please remove cark to burial, crematian, or jury, ar other traumotia	2		DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON  (c)  CONDITIONS CONTRIBUTION  CLEROTTE CAR	SEQUENCE OF			DITION GIVEN I	N PART 1(a	
nas been ne prior ne prior ws any in	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR V			20a AUTOPSY?	20b. IF YES, WE IN CERTIFYING	G CAUSES O	
After this certificate he as the buriol-transit in buriol-transit in buriol-transit in buriol-transit in buriol-transit in buriol hydrometrical marked or hem 18 shown	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C (IF ETTHER, NOTEY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AL WORK NOT WHILE AL WORK	BEATH HOUR A.M. MONT	19	216. HOW INJURY OCCUR 216. LOCATION STREET		RY IN ITEM 18 PART 1		STATE
Ched for us Ched for us Dept. of He Ifem 21 is	1 1 1	22a. I certify that (1) his has	pital) attended the deceased	19 3 6 , 01	nd that in (m) (aur) apinian DEGREE MANAGEMENT ATTENDING	death occurred an the do		from the co	
TO FUNERAL I should be deta with the State [ IMPORTANT: #		22d. PHYSICIAN'S NAME TYPE	FORPRINT)  4/U1PS		1716 HUMEF	ond Ropi	-	USTON, 2104	vnd 17
BP	23a	BURIAL, CREMATION, REMOVA	236. DATE 9-8-1982		EMETERY OR CREMATORY  Memorial Gar	23d LOCATION CITY OR TOWN TOER Bel A	ir Harf	ord	Md.
MH - 16 50M 4/82	24 F	JNERAL DIRECTOR	O Relain Rd K		25a. DA	TE REC'D. BY REGISTRAN			

\* C · Carrier of Hall ST I - ATECH TELL BUT AND AND DELTAN FOR A THE SECOND STATES OF THE SECO 20. 10年10年,20. 10年10年,20. 10年10年,20. 10年10日,20. 10年10日

10	1 -	FOR STATE REGISTRAR			FICATE OF DEATH	YGIENE 8 2	23899
be ge 3		CEASED NAME FIRST ELS	1e h	lau.	Craige	20. DATE OF DEATH MONTH	23 1982 3 5 M
ge 4 may for, pag offer de	3. SE		1. RACE Whit	S. DATE MONT		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 4 HRS. MONTHS DAYS HOURS MIN.
Beath. Page		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT USA	COUNTRY? 8	D NEVER MARRIED	BALTIMORE CITY <u>OR</u> COU	Hartord MD
30 fee	10. CI	vre de Grace		ITAL, NURSING HOME (ITY, GIVE STREET ADDRESS) CHOPIAL	POSPITAL	(TYPE OF WORK FOR MOST OF WORK HOUSEWIFE	126. KIND OF BUSINESS OR INDUSTRY
filled in hauld be		TATE HALL 136 COUNTY	THORA INSTITUTION, GIVE R	esipercentione admission)	13d. INSIDE CITY LIMITS?	208 Hope We	11 Rd.
oted within other or		Henry The		outheringto		Lillian	Wilkinson
be execu	(1)	(AS DECEASED EVER IN U.S. AR res, no or unknown) (IF yes, giv	VE WAR OR DATES)	0-30-3933	Harold L. H	ubble, 615 Moore	
rtificate g physicie on paper emaval. event, th		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line f ED BY: TE CAUSE (o)	can de	rac fo	where,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death ce attending ave carb stion, ar r		Conditions, if ony, which gove rise to immediate	DUE TO, OR, AS	A CONSEQUENCE OF	terior	Perosis	
that the d by the lease rem iol, cremi		couse (a), stating the underlying couse lost.	DUE TO, OR AS	A CONSEQUENCE OF	tir 8ten	Ocis	
requires en signe er to bur or to bur y injury,	TION	seps	ris			rminal disease or condition	
The low rician.  The has been sit permit.  rgtene prio	CERTIFICATION	190. DATE OF OPERATION		FOR WHICH OPERATION		YES NO NO	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES
SICIAN, 19 physic certification in the second of the secon		2) a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEACH CAUSE OF THE CAUSE OF T	HOUR A.M. P.M.	MONTH DAY YEAR		JRRED (ENTER NATURE OF INJURY IN ITEA	A 18 PART I OR PART 2)
	MEDICAL	21d. INJURY OCCURRED  WHILE OCT WHILE OF AT WORK	21e. PLACE OF IN (AT HOME, STREET, FA	JURY CTORY, OFFICE, FARM, ETC )	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDING or officer of the control		220.1 certify that (I) (this haspi saw the deceased alive an abave, (I) (we) (did) (diame	7 6 7	AP Ph		on death occurred on the date and	
L OR the ho L DIRE stocher e Dep		126. SIGNATURE Sha	refelde	and, Me		MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 9-23-8
TO HOSPITAL retained by the TO FUNERAL should be det with the State IMPORTANT:		M.S. Sha	irafel de	ave H.D	South	Union Ave. How	re be mund.
BP	E		236 DATE Sept. 29, 198	23c NAME OF 082 Restland	Cemetery of CREMATOR Cemetery Memorial Pai	rk E. Hanover	lorris Pa
DHMH - 16 50M 4/82 (VRA 15, 4)		oward K. McComa	as III, Ab	ingdon, Md.	21009 S	EP 2 7 1982	SETRARSSICHUME

STATE OF MARYLAND

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10	1	FOR - STATE REGISTRAR	TE ANIMARI OF DEATH HOUSE OF A						
24		CEASED NAME FIRST BEULAH	JACKSON	Cuc	usi		9- 29-8	26 HOUR 7	
M)	3. SE		4. RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHE	DAY) IF UNDER LYE MONTHS DA		
12 133		IRTHPLACE (STATE OR FOREIGN COUNTRY) rginia	76 CITIZEN OF WHAT COU USA	MARRIE WIDOW	ED NEVER MARRIED	BALTIMORE CITY OR COUNTY OF DEATH  HARFORD			
by the filed with	Ha	URE OF TRACE	11. NAME OF HOSPITAL, NAME OF HOSPITAL, OF H	FIN OF	//	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Housewife		D OF BUSINESS OR	
should be	USU 13a	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUNTY)		E AFEORE ADMISSION	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	v Hood	Rol	
ompletely 1 and 2 sl			Lbot Jack	st KSON	15 MOTHER'S MAIDEN NA MOLLIE	Carolin		Webb	
s. Pages		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV NO	IS WAR OR DAYES	L SECURITY NO. 14-0246	David W. Cu	ADDRESS Llum, Box 15	avre de G Robin Hoo	race, Md. d Road	
g physicion paper removal.		18. CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE IMMEDIA)	D RV.	(b), and y).)	y insett	Training.	APPR BETWE	ROXIMATE INTERVAL EN ONSET AND DEATH	
attendin sove carb stian, ar raumatic		Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CON		etastasis				
d by the lease rem ial, cremi or ather t		cause (a), stating the underlying couse last.	DUE TO, OR AS A CON	SEQUENCE OF	all canai	ima of h	It have	3.	
been signed brimit. Then plea priar to burial, any injury, or a	TION				NOT RELATED TO THE TERM		TION GIVEN IN PAR	I(o)	
hos ene ene	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO		YES NO	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES []	SES OF DEATH?	
rial-tr	MEDICAL CE	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P.M.	H DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY II	N ITEM 18 PART I OR PART 2	2)	
os the but th and M orked or	MED	21d INJURY OCCURRED  WHILE ON WHILE OF WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, (	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	1 COUNTY	STATE	
CTOR: p d for use . of Heal n 21 is m		220.1 certify that (1) (this haspi saw the deceased alive an above, (1) (we) (did) (did na	Sept 29		nd that in (my) (our) opinion	death accurred on the date	9 19 87 and hour ond from t	_, that (I) (we) lost the causes stated	
ERAL DIRE se detached State Dept ANT: If Iten		22b. SIGNATURE	mlh			MEDICAL STAFF DIRECTOR PHYSICIAL	0	7298Z	
should be det with the State IMPORTANT:		IN PHYSICIANS NAME I'M O	ERVILLE		400 Lewis	St Havore.	deban	md 2107	
s \$ <u>&lt;</u>	23a	BURIAL, CREMATION, REMOVAL  SPECIFY)  Burial			U.M. Cemetery	23d LOCATION CITY OR TOWN	COUNTY	STATE DM F	

Howard K. McComas, III, Abingdon, Md. 21009

STATE OF MARYLAND

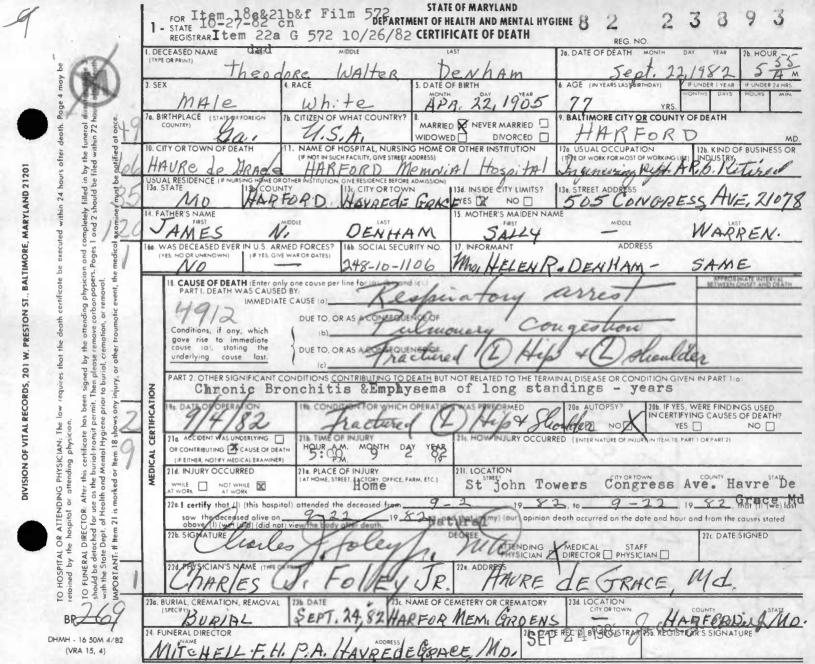
Churchville Harford

DHMH - 16 50M 1/81 (VRA 15, 4)

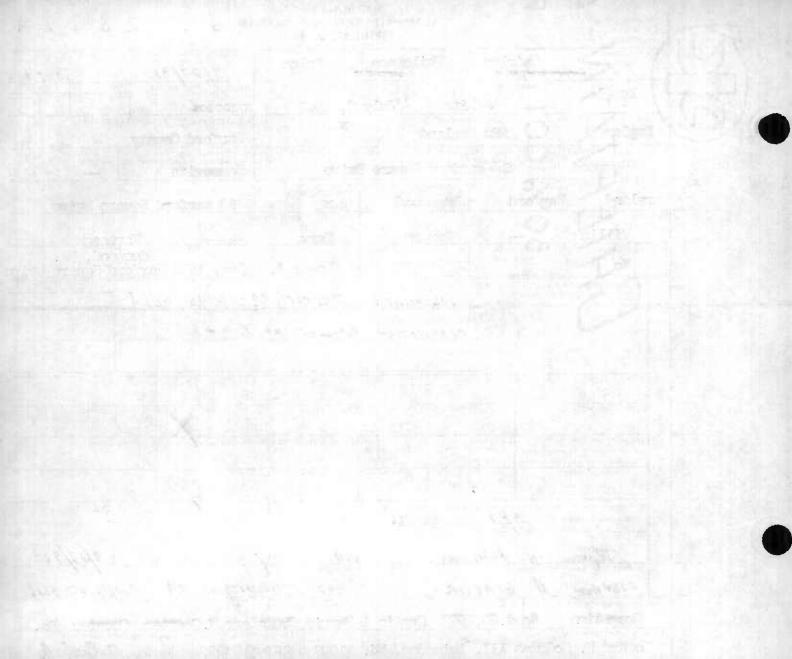
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		1	STATE OF MARYLAND									
20		1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 2 3 8 9 2 REGISTRAR CERTIFICATE OF DEATH  REG. NO.									
			CEASED NAME ORPRINT)	FIRST		SHPEA	h Cu	mmings	SEPTEM	MONTH	1982	26. HOUR 8:30 Am
	(M)	3 SE	FEMALE		4 RACE	<b>≠</b> E	MON	OF BIRTH  DAY  YEAR  1931	6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER LYEAR	IF UNDER 24 HRS
	101	C	RTHPLACE ISTATE OR FOREIGN OUNTRY) IEW JETSEY ITY OR TOWN OF DEATH SEL ALT		76 CITIZEN OF WHAT COUNTRY?  MARRIE WIDOWE  11. NAME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING HOME OF HOME		D NEVER MARRIED		9 BALTIMORE CITY OR COUNTY OF DEATH  HAT FOT D COUNTY OF DEATH  120 USUAL OCCUPATION (179E OF WORKING LIFE) INDUSTRY  Guidance Counselor Public School			
10	11 00						OR OTHER INSTITUTION	(TYPE OF WORK FOR MO				
AND 212	the Ba	130 5	AL RESIDENCE (IF NURSING TATE	13b COUN		GIVE RESIDENCE	E BEFORE ADMISSION	13d INSIDE CITY LIMITS		-		
MARYLA	completing 1 and 2 line	14 FA	THER'S NAME FIRST	Edu	AIDDLE Pi N	P. 14:5		15 MOTHER'S MAIDEN	NAME		Englu	ST
BAITIMORE, MARYLAND 21201	Poges	- 0	VAS DECEASED EVER II ES, NO OR UNKNOWN) NO		MED FORCES? WAR OR OATES)	166 SOCIAL	SECURITY NO.	Dr. Edmund	G. Cummings	205 EP	est HEAL	HER PORT
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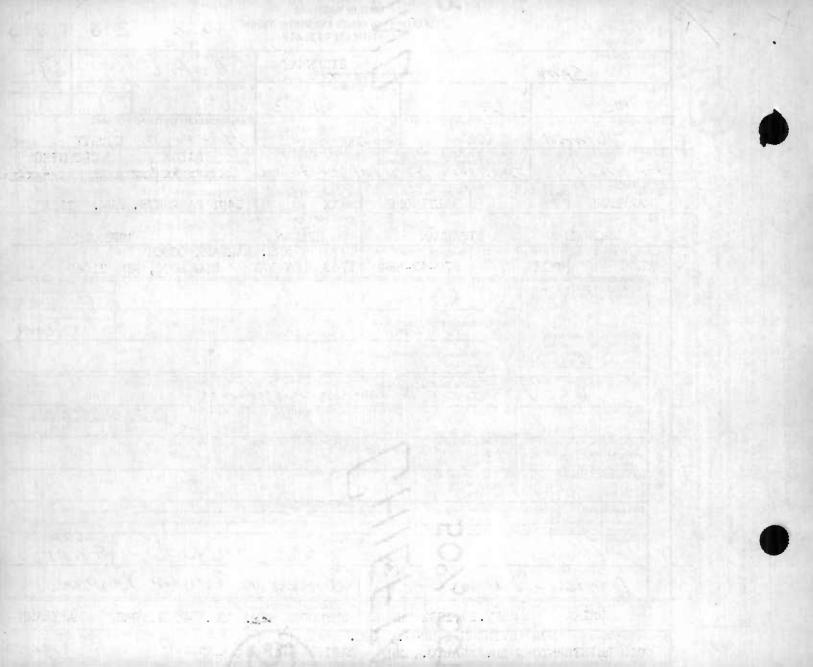


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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH 1. DECEASED NAME 2b. HOUR (TYPE OR PRINT) EISENMAN SAM 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IE ! INITED TA HOS 5. DATÉ OF BIRTH 1 SEX 4 RACE HOURS MONTH YEAR DHT 24 BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7n BIRTHPLACE ESTATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY ABFORD USA COUNTY WIDOWENT DIVORCED | NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. USUAL OCCT TATION 126. KIND OF BURINES CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) -AIISTON USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE AGMISSION 136 COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? MARYLAND BALTIMORE 5401 PARK HTS. AVE. 21215 NOF 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE UNKNOWN EISENMAN HELENA UNKNOWN 17 INFORMANT MRS. BARBARA COUCH In WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. YES OR UNKNOWN) 579-42-6540 1749 JUDY WAY EDGEWOOD, MD 21040 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for a), (b), and (c). PART I. DEATH WAS CAUSED BY: 7 WEEK IMMEDIATE CAUSE (a) PYTOSC LOLOSIS O YEAR Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS DIVISION OF VITAL RECORDS, 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO F NOL YES Mental Hyg 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL ( IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21f LOCATION 21d. INJURY OCCURRED 21a, PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram. saw the deceased alive on abave, (1) (we) (did) (did nat) view the bady after death. and that if (my) (aur) apinion death accurred on the date and haur and from the causes stated 77% SIGNATUR DEGREE 22c DAVE SIGNED MEDICAL STAFF ATTENDING PHYSICIAN I DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME ITYPY OR PAINT 22e ADDRESS GENERAL HOSI MPORT J. MACURY 23s. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION BURIAL SOC . BALTIMORE SEPT.10,1982 HEBREW ORTHODOX MEM. MARYLAND SOL LEVINSON & BROS. INC. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/B2 6010 REISTERSTOWN RD. BALTO., MD 21215 (VRA 15, 4)



Tarring Funeral Home P.A. Aberdeen Md. 21001-3899

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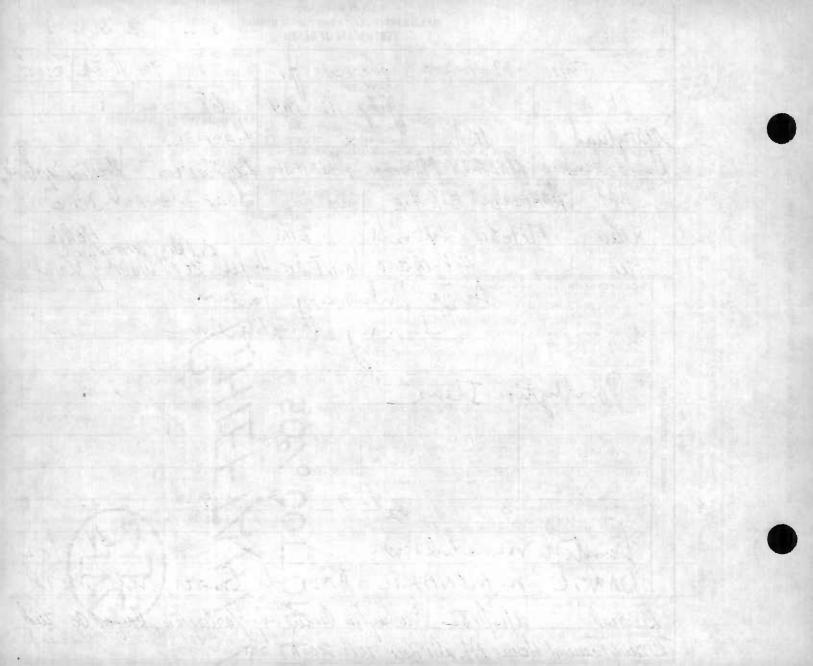
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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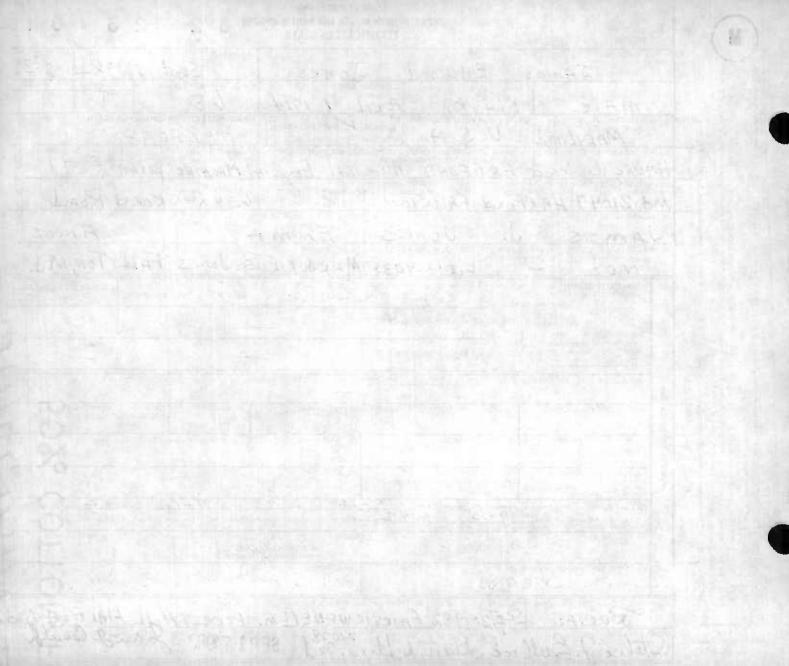
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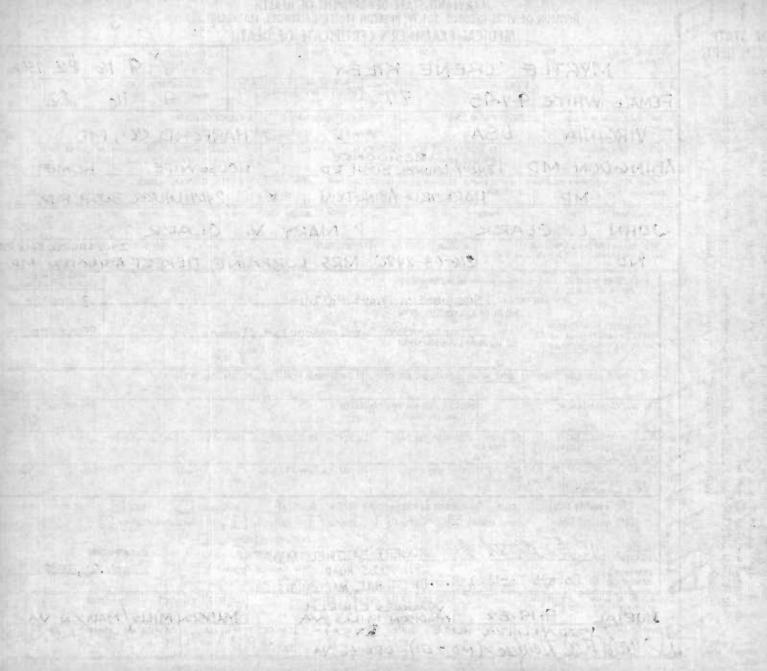
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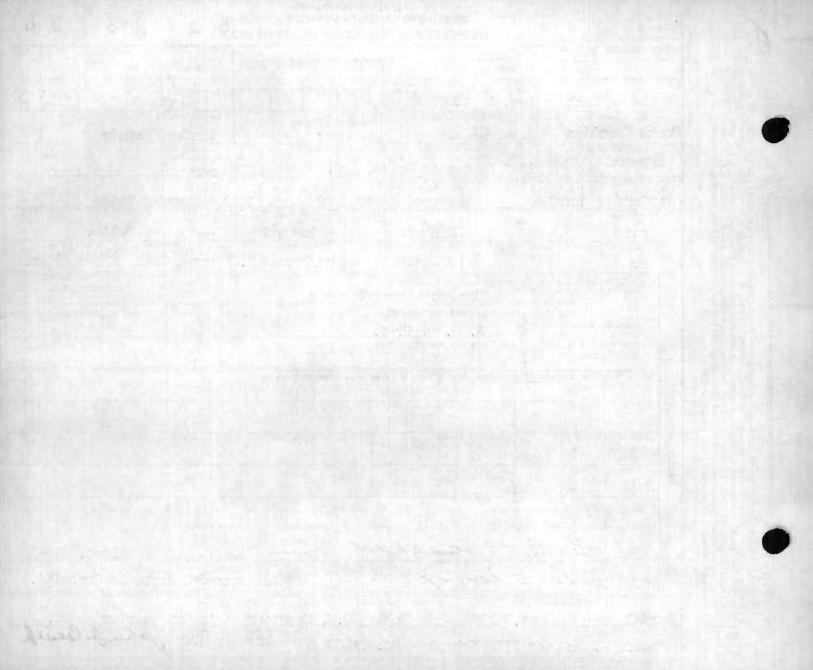
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	MARYLAND STATE DEPARTMENT OF HEALTH	
FOD CTATE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 2 3	9 0 4
FOR STATE HEALTH DEPT.	MEDICAL EXAMINER'S CERTIFICATE OF DEATH  1. DECEASED-NAME First Middle Last 20. DATE KNOWN Month Doy	Year 2b. HOUR
	(Type or Print) MYRTLE TRENE KILBY	
Pa 3	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (in years if under 1 YEAR if UNDER 24 HRS. 2c, DATE PRONOUNCED DEAD	2d. HOUR
deloy and 3 m3. Pa	FEMALE WHITE 9-7-95 8 7 YRS MONTHS DAYS HOURS MIN. Month 9 Day 16	Year 1982 M
- CA 18 90	7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	releado.
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er death Give Pages ng with fo h the State fu.	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)  ABINGDON, MD  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)  ABINGDON, MD  2407 LAUREL BUSH RD.	KIND OF BUSINESS OR STRY HOME
er d Sive ng v h th	ABINGDON, MD 2407 LAUREL BUSH RD.  13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	HOME
to all the	Light COUNTY .	H BD
hours them 10 Office 10 of	14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	Lost
	JOHN L. CLARK MARY V. CLARK	
		LAUREL BUSH R
within pencil Examine File pag	(Yes, no grunknown) (If yes give wor or dates of service) 216-03-2420 MRS, LORRAINE TIEKERT ABIN	APPROXIMATE INTERVAL
be executed "pending" in nief Medicol E ansit permit. F event within	18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
be executed "pending" in nief Medicol E nnsit permit. I event within	IMMEDIATE CAUSE (a) Congestive Heart Failure	3 months
ef Neer Nsit	Conditions, if any, which gave (b) Hypertensive Cordiovascular disease	20 years
word the Chi	rise to immediate cause (a).  stating the underlying cause   DUE TO, OR AS A CONSEQUENCE OF	o years
should be en word 'pero the Chief buriol-transit I in ony ever	last. (c)	
ote g th ed t ed t	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
is certific te, writin forward ie used or removol,	196. CONDITION 197. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
This ce for you be us	190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  210. EXTERNAL CAUSE WAS  210. TIME OF INJURY Month, Day, Year  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18	YES NO
This ficote, I be fo	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18	3.)
ine certifice to certifice should be files.  3 should be as should be notion, or	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH P.M. 19  21d. INJURY OCCURRED 21e, PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town Co	
	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK 2 12 PLACE OF INJURY (At home, form, street, foctory, office building, etc.)  21f. LOCATION Street or R.F.D. No. City or Town Co	ounty Stote
ICAL EXA  execute for. Page ed for you CTOR: Page buriol, cre	22a. I certify that I taak charge af the remains described above, held an Autapsy, Inspection, Inquiry,	and in my apinian
e extro.	death resulted fram: Natural causes 🗵 , Accident 🗌 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner 🔲	
pleose ey l director. retained	ACTUAL PARTY AND PORTER DATE SIGN	
JTY, ple erol di be rett be rett prior	SIGNATURE COLD STANDARD ROBERT, BARTIME ASSIGNMENTER LI	
	EXAMINER'S NAME (Type) Robert Barthel M.D. FOREST HILL MARY! AND STORES (Street city, town, or county)	0,1982
o DEPL necessor the fun 5 may 0 FUNE Heolth	236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Cou	nty) (Stote)
		DISON VA.
100000000000000000000000000000000000000	THE FILL DIRECTOR DEEDLY FUNERAL HOME ADDRESS 3CX 3Z 2 250. REC'D BY REGISTRAR'S SON	Church
VR A15ME (5) 10M REV. 1/68	Would Lee Vergers (MD 20) ORONGE, VA. DATESEP 24 1980	



6	1.	FOR STATE REGISTRAR			DEPARTA	NENT OF H	E OF MARYLAND BEALTH AND MENTA FICATE OF DEATH		ENE 8 2	2	3 9	0 5
		CEASED NAME ORPRINT)	Zor	a	Crockett	,	Kirn		20 DATE OF DEATH MON	DAY 22	YEAR P2	P PN
	3. SE:	Female		4. RACE White		5. DATE O			6 AGE (IN YEARS LAST BIRTHDAY	MONT YRS.	NDER I YEAR THS DAYS	HOURS MIN.
115	Pé	RTHPLACE (STATE OR FO		16 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIE		BALTIMORE CITY OR C	OUNTY OF	DEATH	MC
porting /	F	allstor		Follsto	H FACILITY, GIVE STREET	ADDRESS)	OSSITO/		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO  Housewife		126 KIND OI INDUSTRY	F BUSINESS OR
must be	13a S	AL RESIDENCE (IF NURS TATE [aryland	136 COUN	other institution aty cford	GIVE RESIDENCE BEFORE 131. CITY OR 1814 Bel Air	ADMISSION)	136 INSIDE CITY LIM	X	2705 Bynum	Hill (	Circle	)
20	14 FA	George	Ale	exander	Crocket	t	Lula Lula	DEN NAMI	Irene	Henr		
medical		/AS DECEASED EVER ES, NO OR UNKNOWN) <b>NO</b>		MED FORCES? E WAR OR DATES)	187–30–29		Wayne R. 1	Kirn	^□ <b>B</b> €1 , 2705 Bynum	Air, Hill		.e
ir to burial, cremation, ar injury, ar other traumatic	NOI	Conditions, if any, gave rise to immodule couse (a), stating underlying couse	nediate g the last	((c)	R AS A CONSEQUE		NOT RELATED TO TH	IE TERMIN	NAL DISEASE OR CONDITI	ON GIVEN I	IN PART 110	()
ol Hygiene prio	CERTIFICATION	19a DATE OF OPERA  21a. ACCIDENT WAS UNI OR CONTRIBUTING	DERLYING [	21b. TIME O	F INJURY		21c. HOW INJURY C	OCCURRE	20a AUTOPSY? 20 YES NOV IN D (ENTER NATURE OF INJURY IN	b. IF YES, WE I CERTIFYING YES [	G CAUSES:	GS USED OF DEATH? NO []
norked or Item	MEDICAL	(IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURI WHILE NOT WI AT WORK AT WO	RED	P.i 21e. PLACE		ARM, ETC.)	211 LOCATION STREET	0.0	CITYPHOWN	,	COUNTY	STATE
Dept. of Heal		22a. I certify that (I)	d alive on	1/6	after death	51	nd that in (my) (our) o		eath accurred on the date of	and hour and	_	that (I) (we) last causes stated
with the State		22d. PHYSICIAN'S NA	AME TARES	reil.	D		PHYSIC 22e ADDRESS /25	TAN	Main  Main	8	1	-
n 3 <u>4</u>	(	URIAL, CREMATION, SPECIFY)  Removal			131. N			]	23d. LOCATION CITY OR TOWN  Mountaintop		erne	Pa.
1/76		vard K. Mc	Comas	III, Ab	oingãon, l	Md. 2		SF DATE	P 2 4 1982	3- Cu	'S SIGNATI	shiel

X	11-	FOR STATE			STA ARTMENT OF CAL EXAMIN		ID MENTAL H	HYGIENE 2	2 ;	3 9 0	6
4	1. DE	REGISTRAR CEASED NAME E OR PRINT)	IRENE		DLE	LAST LATTISON		20. DATE KNO	STI-	DAY YEAR	2b HOUR
	3. SE			Aug. 10,190			1 YR. IF UNDER	MIN PRONOUNCE	ept. 6	DAY YEAR 1982	7:30 7:30 M
MECHES MATHER MATHER	So	RTHPLACE (ST DREIGN COUNTRY) Uth Car	olina	76. CITIZEN OF WHAT (		WIDOWED		ED Harfo	ord Count	ty	MD
DELAT IS N PAGE	E	dgewood		11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY  1841 Edgewa  OTHER INSTITUTION, GIVE RES	ater Driv	e, Apt.		120 USUAL OCCUPAT FOR MOST OF WORKING  Laborer		12b. KIND OF BU OR INDUSTI	RY
AND SAND SAND SAND SAND SAND SAND SAND S	Ma:	ryland	Harfor	Y 13c	city or town gewood 21	040 YE	INSIDE CITY LIMITS?  NO  MOTHER'S MAID	Term mage.	water Dr	Lve	
ORE, MD SR DEATH PAGES 1.	16a. V	David VAS DECEASED	EVER IN U.S. ARM	ED FORCES? 16	Lackmon  b. SOCIAL SECURI		Missour:	i — MIDDL		likely	
BATTIM DOURS AFT WITH F T. PAGES	('		F DEATH (Enter anly	one cause per line far (				e T. Dorsey	, 1841 Ed	APPROXIMATE BETWEEN ONSE	E INTERVAL
HIN 24 HOUR STANDING THE ALONG IST PERM HYGIENE	PARTIDEATH WAS CAUSED BY:  Coronary Heart Disease  Due to, or as a consequence of  Canditions, if ony, which										
UTED WITH PENCIL			e to immediate stating the <u>under-</u> se last.		. C. V. I						
ULD BE EXECUTED BE EXECUTED BE EXECUTED BE EXECUTED BE AS A BUT HEALTH AND EXECUTED BY THE BUT HEALTH AND BUT HEALTH BUT HEAL	NO			ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TER	MINAL DISEASE OR (	CONDITION GIVEN IN PA	ART 1 (a),			
TAL DOUGHER OF THE	CERTIFICATION	190. DATE OF	OPERATION L CAUSE WAS	196. CONDITION	FOR WHICH OPE					20. AUTOPSY	? NO 🗌
N SHOOP	MEDICAL CE	UNDERLYING	OR NG CAUSE OF D	HOUR A.M. MO	ONTH DAY YEA			ED LENTER NATURE OF INJURY	IN HEM IS PART I ORP.	-K1 2)	= 7
DIVISIC E, WRITING E, WRITING RWARDED T PAGE 3 SH STATE DEPA 21201 PRIOR	ME	WHILE AT WORK	NOT WHILE AT WORK	STREET, FACTORY,		Autopsy		CITY OR TOWN	ond in my o	DUNTY	STATE
EXAMINER CERTIFICAT ULD BE FO DIRECTOR: WITH THE		death resulte		of the remains describe		vicide .	Homicide .	Undetermined mann		pinion	
MEDICAL EXAM ECUTE THE CERTIF GE 4 SHOULD B FUNERAL DIREC TER DEATH, WITH	2/	ACTUAL SIGNATURE	NAME LUIS	E. Keuf	ee,	M.D	Deputy	MEDICALEXAMINI		Sept.7,19	
PAF PAF BAF		(TYPE OR PRI	TION, REMOVAL 23	b. DATE	John Wes	METERY OR CE	REMATORY	23d. LOCATION CITY OR TOWN	COL	unty si	TATE
DHMH - 17 (VR A15 ME (5)) 15M 7/76	24. F	UNERAL DIREC	TOR	s III, Abir			25e. DATE	EP 87 9 1982	John S	Gat Com	ich



V	1,	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 2 3 9 0 /
02		REGISTRAR  CERTIFICATE OF DEATH  REG. NO.  CEASED NAME - FIRST MIDDLE LAST DATE OF DEATH MONTH DAY YEAR 26. HOUR
deoth deoth		E OR PRINT) LILIAN BEATTICE PLAS GABE (IN YEARS LAST BIRTHDAY) VIEW LY
(MA)	3. SE	Female White June 13, 1923 59 YRS.
	7a. B	IRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED NEVE
the state of	11/	ITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION UF you in sucy Facility, Give street appears 50 (Type of work for most of working life) INDUSTRY
d be the		AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  130 CITY OR TOWN 136. INSIDE CITY LIMITS? 130. STREET ADDRESS / 130.
2 shoil	14. Fr	ATHER'S NAME  ATHER'S NAME  IS MOTHER'S MAIDEN NAME  SHEST  MIDDLE  ASST  MIDDLE  MIDLE  MIDDLE  MIDLE  MIDDLE  MIDDLE  MIDDLE  MIDLE  MIDLE  MIDLE  MIDLE  MIDLE  MIDLE  MIDLE  MIDLE
l and		Homer Beavers Nora Medley
Poges medicol		VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS  VES. NO OR UNKNOWN) (IF YES. GIVE WAR OR DATES)  226-28-7099 Deborah Keys 1788 Conowing o Re. Rising Sun.
been signed by the offen rmit. Then pleose remove c prior to buriol, cremotion, ony injury, or other froum	ATION	DUE TO, OR AS A CONSEQUENCE OF VILL CONDITION OF OF VILL CO
005	CERTIFICATION	YES NO YES NO YES NO
buriol-tronsit p A Mentol Hygien or Item 18 show		216. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
ono	MEDICAL	21d. INJURY OCCURRED  WHILE  WHILE  AT WORK  AT WORK  AT WORK  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21f. LOCATION STREET  CITY OR TOWN  COUNTY  STATE
far use os of Health 21 is mor		27a. I certify that (I) (this hospital) attended the deceased from 9 - 19 and that (I) (we) is sow the deceased olive on 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated
ched Ched Dept.		above, (1) (we) (did) (did not) view the body after death.  226. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN OFFICEOR PHYSICIAN 9-27-8
should be deto with the State I	1	22d PHYSICIAN'S NAME (TYPE OR PRINT)  A. H. ALON  [220 ADDRESS]  [All S. UNION the HDG
5 d 4 4	23a.	BURIAL CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY STATE
		Burial Sept. 29, 1982 Balair Memorial Gardens Belair, Harford Co. Md.
NH - 16 50M 4/82 (VRA 15, 4)	24. F	NAME ADDRESS OF THE 1982 VOICE & CALLED

Letter Contract of the State of States then determs of the and thought manager as Ald Horrord Undergraphy 1335 Tole Knods the most service over the Moore that they are 一人(3)、14、上上 The same was a second of the same of the s The state of the party of the state of the s

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	15.25/40			basta.	
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COOKS A.W.					0.

Arribe sunt 1 lorge ..., nerdeen, ed.21 01-1399

THE RESIDENCE OF THE PROPERTY OF THE PARTY O Interest of the late of the la Carridar, a green, Home, A.A., Sheridean, M. May Ma-1955

DEPARTMENT OF HEALTH AND MENTAL HYGENE CERTIFICATE OF DEATH Middle Lost 20. DATE OF DEATH DECEASED-NAME First 2b. HOUR △ (Type or print) John Howard Moore September 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR lost birthday) MONTHS DAYS HOURS Male Caucasian February 8.1905 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH 7a. BIRTHPLACE (Stote or fareign country) Maryland U.S.A. ofter WIDOWED [ DIVORCED T Harford 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done during mast of working life, even if retired.) 24 hours give street oddress) INDUSTRY DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Jarrettsville Electric 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13e. STREFT AND NUMBER 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? Rd. admission) STATE 13b. COUNTY executed within Harford NO 🔯 Old Federal Hill Harrettsv Middle 14 FATHER'S NAME First Middle last 15 MOTHER'S MAIDEN NAME First Last Georgia James Oscar Moore Anna Magness 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, nowor unknown) Joan E. Roberts 218-05-035 Forest equires that the death certificate 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove ) rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20g. AUTOPSY? 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? NO TO YES 🗌 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) 2 To. ACCIDENT WAS UNDERLYING T 21b. TIME OF INJURY DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County While Not while at work - . 1987 to 9-1 2 - 19 82 that (1) (we) last causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED DIRECTOR PHYS 22d PHYSICIAN'S 22v. ADDRESS NAME (Type) 305 shauld 23 a. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 0 William Watters Cem. Cooptown. ADDRESS 2Sq. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE DHMH - 16 3/72 25M Gladden Kurtz Jarrettsville, Md. DATE CEP 1 5 1082 (VR A15 (4))

Friday 1., 1 recent at 1., 1 sell: 44.00 77 2.1.2 77 Mile a manife that there is a party to be a few to have and the state of t ATTICLE TO THE TOTAL OF THE PARTY OF THE PAR

8728 Liberty Road Randallstown, MD.

(VRA 15, 4)

STATE OF MARYLAND

many than the state of the stat Sichas Lot and Fly The state of the s STORE TO SECURE PROPERTY AND STORE

E.F. Lassahn, 11750 Belair Rd. Kingsville, Md. 2108

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

item 8 #G571 9/29/82 ph

24 FUNERAL DIRECTOR

DHMH-16 30M 2/80

(VRA 15, 4)

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M COOME	it	em 6 #G571 9/21	/82 ph		ATE OF MARYLA					
p sent 9/20/8	11-	FOR STATE	ME		F HEALTH AND N INER'S CERTIFI		EARL 4	2 3	91	3
(3)	1. DE	REGISTRAR CEASED NAME FIRST	7412	WIDDLE	LAST	ICATE OF E	20. DATE KNOWN		DAY YEAR	2b. HOUR
Mange	(TYP	EORPHINI) WILLIA	m E	LMER	Ou	ENS	OF ESTI- DEATH MATED	0	1 1982	1500
PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	3. SE)		5. DATE OF BIRTH	6. AGE (II	YEARS IF UNDER 1 YR.	IF UNDER 24 H	IRS. 2c. DATE	MONTH I	DAY YEAR	2d. HOUR
HECSSARY PLEA NURAL DIRECTOR FOR YOUR FILE WITHIN 72 HOUR	1	1 W	3-10.	- 16 SE	YRS. MONTHS DAYS	HOURS MIN	PRONOUNCED DEAD	9-1	- 182	2d HOUR
AND SERVICE OF SERVICE		RTHPLACE ISTATE OR REIGN COUNTRY)		HAT COUNTRY?	MARRIED N	EVER MARRIED	9. BALTIMORE CITY O	RCOUNTY	OF DEATH	SIT
NECESSA NECESSA S. CHORRAL S. CHORRAL N. WITHHIN		M.D.	U	H	WIDOWED [	DIVORCED	HARFOR	0		MD
SHE SHE	11	TY OR TOWN OF DEATH		ACILITY, GIVE STREET ADDRE		UTION 12a	USUAL OCCUPATION (TYPE		OR INDUSTR	SINESS
DELAY 3 TO TH 3 TO TH		PURE OF VIRACE IL RESIDENCE (IF IN NURSING HOME O	3/1	Ollance IVE RESIDENCE BEFORE ADM			refuel	2 1	PAINT	= K
AND 3 AND 3 AND 3 AND 3 AND 3 AND 3 AND 3 AND 3	13a. S	TATE AA / 136/4OUN	FOR )	134 CITY OR TOW		CITY LIMITS? 13e.	315 ALLI	ANCE	57	
MD. MD.	14. F.A	THER'S NAME	WIDDLE	IAST	15. MOTH	HER'S MAIDEN N	AME MIDDLE 4		a LAST . #	
DEATH, MA PAN PAND 2 AND 2	2	NILLIAM	F.	OWEN	SL	IDA	Ruth		AWA	INS
TON ST., BALTIMORE, MD. 21201 24 HOURS AFTER DEATH. IF ANY DELA ITEM 18. GIVE PAGES 1, 2, AND 3 TO LONG WITH FORM PM 3. REFAILN P. PERMIT. PAGES 1 AND 2 SHOULD BEI GIENE, DIVISION OF VITAL RECORDS.	16a V	VAS DECEASED EVER IN U.S. ARA S, NO, OR UNKNOWN) (IF YES, GIVE VES	MED FORCES? WAR OR DATES)	213-01-	RITY NO. 17. INFOR	7 ALF	The OMENC		CAI	nE
JRS / B. GI WITH PA	H	18 CAUSE OF DEATH (Enter an	y one cause per line		/ // = //	4111115	11/00011/2		APPROXIMATE	INTERVAL
N ST., B. HOURS EM 18. G SNG WIT ERMIT. P. ENE, DIV		PART I DEATH WAS CAUSED	BY: E CAUSE (a)	1	RONAR	4 he	at DISCO	4	BETWEEN ONSET	AND DEATH
N 24 PER PROPERTY AND A PONT PROPERTY PROPERTY AND A PONT PROPERTY		4100		R AS A CONSEQUEN	E OF				1000	
W. PRESS WITHIN WITHIN AINER A	-	Conditions, if ony, which gave rise to immediate	(b)		AJC	00 -	M-J			
		couse (a) stoting the <u>under</u> lying couse last.		R AS A CONSEQUEN	E OF			79.5		
RDS, 201 V EXECUTED ING. TIA PR TOOL EXAL A BURIAL. H AND MEI		PART 2 OTHER SIGNIFICANT CONDITIONS	(c) Contributing to death	BUT NOT RELATED TO THE T	ERMINAL OISEASE OR CONOITI	ON GIVEN IN PART 1 10				
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXECT RITING THE WORD "PENDING" ROED TO THE CHIEF MEDICAL 3F 3 SHOULD BE USED AS A BURE CEPERARMENT OF HAALTH AND TO PRIOR TO BURIAL, CREMATIC	0 Z									
SHOUD ORD "PE CHIEF A TOF HE	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH O	PERATION WAS PERFO	RMED?			20 AUTOPSY?	
F VITA  TE SHO  WORD  WORD  BE CHIE	E	210 EXTERNAL CAUSE WAS	21b. TIME O	E INTUIDA					YES 🗌	NO 🗌
CERTIFICATE TING THE W SED TO THE DEPARTMENT PRIOR TO F		UNDERLYING OR	HOUR A.A	A. MONTH DAY Y	EAR THE HOW INJUR	Y OCCURRED (E	NTER NATURE OF INJURY IN ITEM 18 F	ART 1 OR PART 2)		
ISIOI RTIFI NG TO SHO PRIOI	MEDICAL	CONTRIBUTING CAUSE OF E		A. 19 OF INJURY (AT HOME	21f LOCATION					
INER: THIS CERTIFICATE SHOULD FICATE, WRITING THE WORD "PEI E FORWARDED TO THE CHIEF M. TTOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA AND, 21201 PRIOR TO BURIAL, C.	¥	WHILE NOT WHILE T	STREET, FAC	TORY, FARM, ETC.)	STREET		CITY OR TOWN	COUNTY	*	STATE
ATE, VARE, PR.		22a. I certify that I taak charg	e of the remains de	scribed abave, held a	Autapsy .	Inspection	Inquiry . an	d in my opinio	an	
EXAMINER: CERTIFICATE JUD BE FOR DIRECTOR: MARYLAND,		death resulted from: Natur	al couses	Accident .	Suicide , Ham	icide . U	ndetermined monner .			
EXA DIC DIR WITH WAR		ACTUAL	P	//	TITLE (	(SPECIFY)		5.475	O 3 "	
ICAL EXA SHOULD ERAL DIR EATH, WIT	1	SIGNATURE ZULL	2 6/	_	M.D	puly ,	MEDICAL EXAMINER	SIGNED_	7-5-8	
AMEDIA AMEDIA		EXAMINER'S NAME LUI	I E.	RENJE	ADDRESS.	464	allams	TH	elle.	4
533 51 A A	23o. B	JRIAL, CREMATION, REMOVAL 2	36. DATE	23¢ NAME OF	CEMETERY OR CREMAT	TORY 23	LOCATION CITY OR TOWN	COUNTY	ŞT/	ALE
BP	24 5	JUBIAL IS	SE17.419	82 HARFOT	D MEN. 6	ITKENS	TIME	FOKD	M	1)
DHMH - 17	MI	FALL I FILL	DIA DODRESS	HAVRENE	GRACIAN	SEP 9	D. BY REGISTRAR (26. REGI	THATE SO	will !	179
(VR A15 ME (5) ) 15M 2/80	<u> </u>	TOUZHT AIRE.	DUP LIT.	MAVALDE	0015/2111).	J OLI O	<u> </u>			

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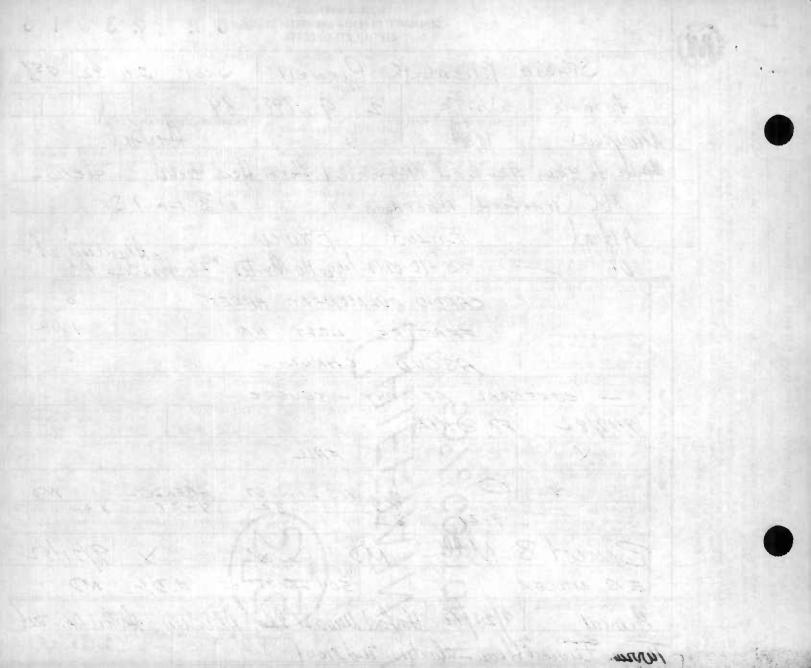
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR 05 (TYPE OR PRINT) 3. SEX 4. RACE 5. DATE OF BIRTH AGE UN YEARS LAST BIRTHDAY IF UNDER LYEAR AHRE MONTH YEAR AUE. 83 1899 9 BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED W NEVER MARRIED U.S.A. NORTH CAROLINA CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17a USUAL OCCUPATION 12b. KIND OF BUSINESS OR LITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY FARMER USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13. STREET ADDRESS NO X 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE ETT RWIN ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NOOR UNKNOWN) (IF YES, GIVE WAR OR DATES) LULA M. PETTY, STREET, MD. 21154 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DISEASI Conditions, if any, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 19a DATE OF OPERATION à IN CERTIFYING CAUSES OF DEATH? NO NO T YES [ 21a. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 71e. PLACE OF INJURY 21f. LOCATION COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE - 16 22a | certify that (1) (this haspital) attended the deceased from. Ow the deceosed olive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter de SIGNATU DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ld b IMPORT, 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Harford Maryland 9-21-82 Forest Hill BP. Burial Baptist View BY REGISTRAR 25 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 4/B2 John H. Harkins, 600 Main Street, Delta, PA (VRA 15, 4)

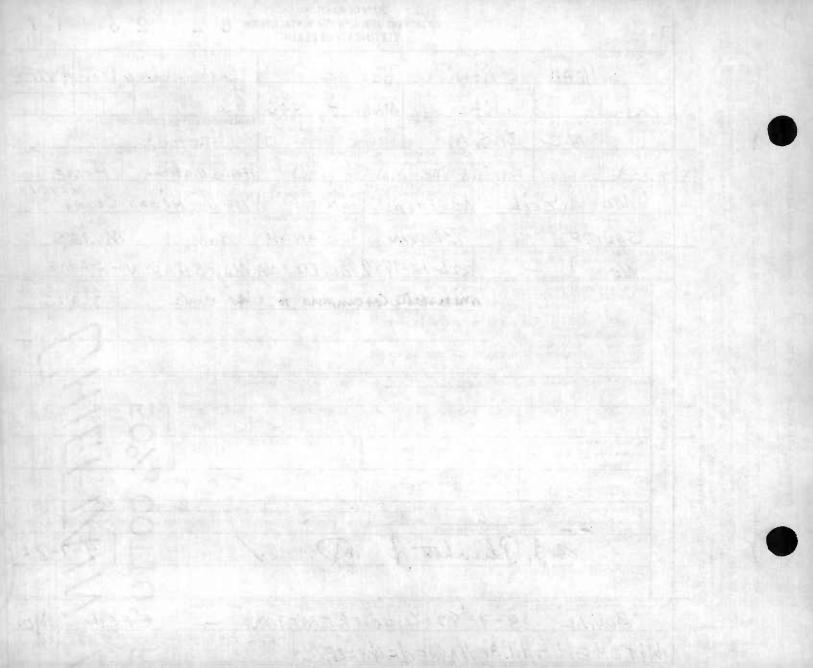
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4/B2	4. FUNERAL DIRECTOR	A BORESY	7. /	TE REC'D BY REGISTRAR XI REGIST	RAR'S SIGNATURE
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DEPARTMENT OF HEALTH AND MENTAL HYGLENE CERTIFICATE OF DEATH 2g. DATE OF DEATH DECEASED-NAME First Middle Last 2b. HOUR (Type or print) September John George Richardson 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR 3. SEX IF UNDER 24 HRS. lost birthday) DAYS MONTHS HOURS Oct. Male 1913 Caucasian 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a, BIRTHPLACE (State or foreign 8. MARRIED EX NEVER MARRIED Harford after *Virginia* U.S.A. WIDOWED [ DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during, most of working life, even if retired.) **INDUSTRY** DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Kalmia. Farming House 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13b. COUNTY Harford odmission) STATE NO 🚽 2010 White House Road . bM Bel Air executed within 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle First John Richardson Anna 16b. SOCIAL SECURITY NO 17 INFORMANT Address 160 WAS DECEASED EVER IN U.S. ARMED FORCES? with (Yes, no, or unknown) 5-18-3] S. Richardson Stella same as requires that the death certificate be 18. CAUSE OF DEATH (Enter only one cause per lift PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO TO YES [ 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 1B.) 210. ACCIDENT WAS UNDERLYING -DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notity medical examiner) AT HOME, FARM, STREET, FACTORY, 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION Street or R.F.D. No. City or Tawn State County While Not while at work 22a. I certify that (1) (this haspital) attended the deceased fram\_ 19 ond that in (my) (aur) opinion death accurred on the date and hour and from the sow the deceased alive on\_ tauses stated above, (1) (we) (did) (did nat) view the body ofter death. DIRECTOR ATTENDING PHYS. STAFF PHYS. DEGREE DIRECTOR PHYSICIAN'S NAME (Type) should be of Health retained 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Emory Meth. Cemeterv Street Harford 2 24. FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE DHMH - 16 3/72 25M Gladden Kurtz Jarrettsville. Md. DATE (VR A15 (4))

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🙎

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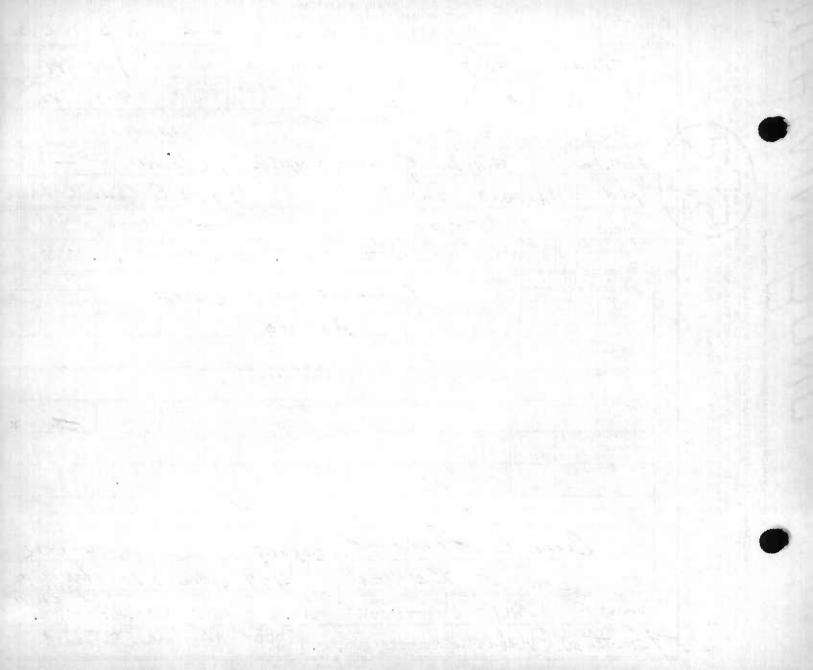
STATE OF MARYLAND

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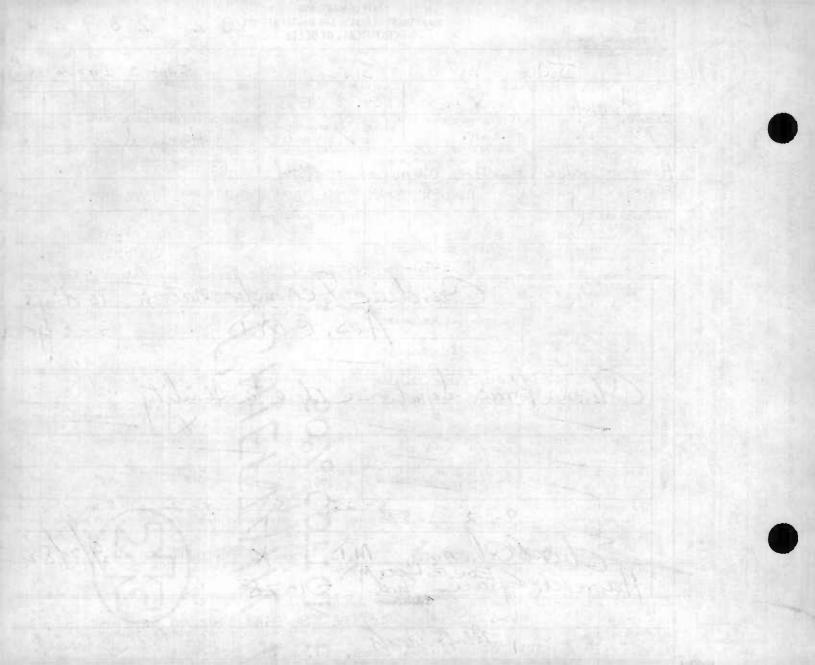
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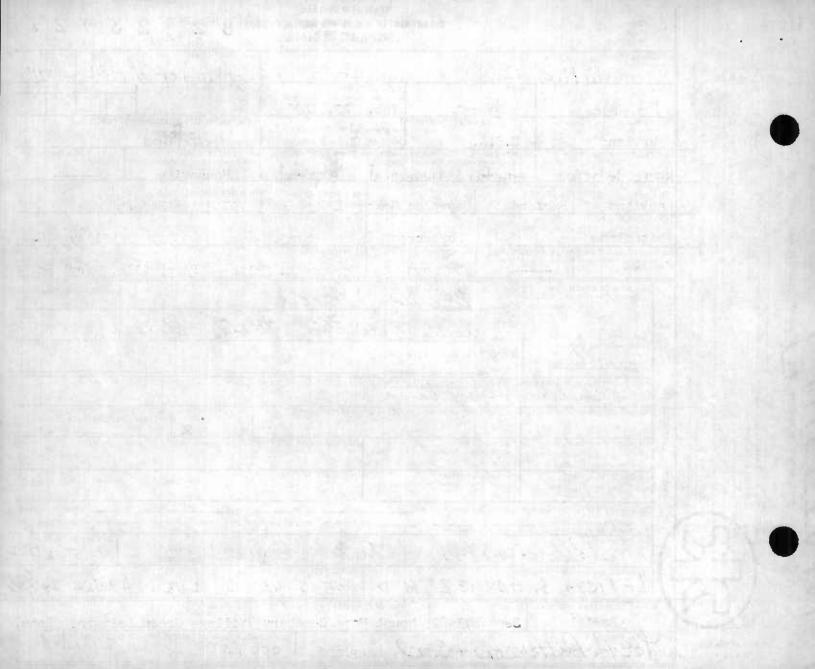


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1.138975		CEASED NAME	FIRST		MIODLE	- 1	kŠT .	2a. DATE O		DAY Y	EAR 26 HC	OUR
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ou Am	3. SE	X	4.	RACE	1	5. DATE C	F BIRTH	6. AGE (IN	EARS LAST BIRTHDAY)	IF UNDER	YEAR IF UND	ER 24 HRS
Se di Se		Female		Whi-	te	Feb.	23, 1898	84		rs.		
2 20 1	70. B	IRTHPLACE (STATE OR FO	REIGN 7b.	CITIZEN OF	WHAT COUNTRY?	8. MARRIEI	NEVER MARRIED	9 BALTIMO	RE CITY OR CO	UNTY OF DEA	TH	
dear dear		aryland		U.S.A		WIDOWE	DIVORCED [		HArtor	-		M
offer of the state	dil.	We de GOA	H		HOSPITAL, NURSING HEACILITY, GIVE STREET	ADDRESS)	ROTHER INSTITUTION	(TYPE OF WOR	OCCUPATION K FOR MOST OF WORK USEWIFE		IND OF BUSII STRY	NESS OF
hours and	.050	AL RESIDENCE (IF NURSIN	G HOME OR OT	HER INSTITUTION		ADMISSION)	13d. INSIDE CITY LIMITS?	130. STREET				
24 Sulface			Harfo		Havre de				Giles St	reet		
if the second	14. F	ATHER'S NAME	4416	OOLE	LAST		15. MOTHER'S MAIDEN NA		MIDDLE		LAST	
P 11/12	DN	icholas	MIN	JOLE	Foreacr	е	Mary		MIDDLE	Li	lley	
ecut KE		WAS DECEASED EVER IN	U.S. ARME		166. SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS			
IMO		No			Unknown		Forwood K.	Smith	Perry	ville,	Maryla	nd
A STATE OF		18 CAUSE OF DEATH	Enter only	one cause per	line for (a), (b), an	d (c).)	0		7.79	BET	PPROXIMATE IN	DEATH
US, 201 W. PRESTON  quires that the death c signed by the attendir hab pilease remove cost to build, cremotion, ar	Z	11.	last.	(c)	R AS A CONSEQUE		NOT RELATED TO THE TER	MINAL DISEAS	E OR CONDITIO	V GIVEN IN PA	RT Iron	
law relative seen as been seen it. I seen it visony it	CERTIFICATION	19a DATE OF OPERATI	-	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO		IF YES, WERE FEETIFYING CA		ATH?
NG PHYSICIAN: The other this certificate has the buriol-transit in and Mental Hygien orked or frem 18 show		21a. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	USE OF DEATH		DE INJURY M. MONTH DA M.	AY YEAR	21c. HOW INJURY OCCU	RRED (ENTER N.	-	M 18 PART 1 OR PA	RT 2)	
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- See See See See See See See See See Se		22a.1 certify that (1) ( saw the deceased abave, (1) (we) (di	alive an		19_	, or	d that in (my) (our) opinion	, ta	ed an the date an	d havr and fra	m the couses	
AL OR ATTER the hospito AL DIRECTOI detached for ore Dept. of H	1	22b. SIGNATURE	la	lung	240	1	DEGREE  ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN		DATE SIGNE	82
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	23a.	BURIAL, CREMATION, R	EMOVAL	23b. DATE			EMETERY OR CREMATORY	CITY	ORTOWN	COUNTY		STATE
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					STATE	OF MARYLAND				
0	1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HY CATE OF DEATH	GIENE 8 2	2 3	9 2	2 8
(M)		CEASED NAME FIRST OR PRINT)	11714	61,1swor	C	mith,	2a. DATE OF DEATH	Supt 4	1982	635 M
us aft	3. SE	Male	1. RACE	ite	S. DATE O	F BIRTH  16. 1897	6. AGE (IN YEARS LAST B	YRS.	HOSE CARS HO	outes agrees
o	Ma:	RTHPLACE ISTATE OR FOREIGN COUNTRY)  ryland	USA	WHAT COUNTRY?	WIDOWE			Harton	d	MD.
Confled Confled	140	WE de Greet	(IF NOT IN BUC	CH FACULTY, GIVE STREET	ADDRESS)	ROTHER INSTITUTION	126. USUAL OCCUPAT (TYPE OF WORK FOR MOST Farmer	OF WORKING (IFE)	26. KIND OF BUNDUSTRY  Ticult	
35		AL RESIDENCE (IF NURSING HOME OF TATE 13b. COU	r other institution NTY	13c. CITY OF THE	114	136. INSIDE CITY LIMITS? YES X NO	130. STREET ADDRESS 426 E	Broad	way S	St.
20			illiam	Smith		15. MOTHER'S MAIDEN N Sarah	Estelle		Oliver	
e medico	(	VAS DECEASED EVER IN U.S. AI res, no or unknown) (1F yes, GI	RMED FORCES? VE WAR OR DATES)	219-2 8-6		Charles E.	Smith, 2030		Rd, Bel	
rinii. inen pieose remove carbar priar to burial, cremation, or ret pny injury, or ather traumatic es	TION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT	DUE TO, O  (c)  CONDITIONS CO		DEATH BUT					
18 shaws on	CERTIFICATION	196. DATE OF OPERATION			OPERATION	WAS PERFORMED	200 AUTOPSY? YES NO	YES [	G CAUSES OF	
ced or frem 18	MEDICAL CE	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHILE AT WORK AT WORK	R) P.		AY YEAR 19	21c. HOW INJURY OCCU 211 LOCATION STREET	RRED (ENTER NATURE OF INJ		OR PART 2)	STATE
If Nem 21 is mar		22e. I certify that (1) (this hasp saw the deceased alive or above, (1) (we) gold field in 22b. SIGNATURE	9-4	19		d that in (my) (our) opinio	MEDICAL STA	FF		t (I) (we) lost uses stated
With the Store Dept.		22d. PHYSE TANK TYPE	OR PRIDAY	ee	//	PHYSICIAN 220 APPORESS MM ON	Med. (	int t	JaG	Wid
; 3 ≧	230	Burial, Cremation, Removal (Specify) Burial	236. DATE Sept. 8,1			emetery or crematory	ens Bel Air	Harf		
OM 4/82		uneral director ward K. McComa:	s III, A	bingđồn,	Md. 2		8 1982	25b. REGISTRAR	SSIGNATURE	2

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			i den	Station
	T en Frait	2010 2 0 020		

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE R FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 20. DATE OF DEATH MONTH DECEASED NAME 26. HOUR TYPE OR PRINT RANCIS 5. DATE OF BIRTH AGE (IN YEARS LAST DIRTHDAY IF UNDER 24 HRS 3. SEX IF UNDER I YEAR Sept. Male White 13, 1922 60 79. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Marvland County. WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) UF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Contractor Self-employ USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, 130. STATE 13c. CITY OR TOWN 13e. STREET ADDRESS Baltimore Maryland Glen Arm NOX 11818 Harford Rd. 21057 YES T 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Jerome Struck Margaret ADDRESS 166 SOCIAL SECURITY NO. 17 INFORMANT 21057 60 WAS DECEASED EVER IN U.S. ARMED FORCES? YES NO OR UNKNOWN) 214-16-5456 Priscilla C. Struck11818 Harford Rd. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for south) and it PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF many ant de Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO. CONSEQUENCE OF underlying couse CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS DIVISION OF VITAL RECORDS, 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES T NO F 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 216. INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE 220.1 certify that (1) (this hospital attended the deceased from TO FUNERAL DIRECTOR: should be detached for us with the State Dept. of Her and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on obove, (1) (we) (did) (did na w the body ofter death. 226. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL ATTENDING STAFF DIRECTOR PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ord Road. Fallston-M 231 NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 234 LOCATION 23b. DATE Burial Moreland Mem. Park Baltimore Co., 24 FUNERAL DIRECTOR DATE REC'D. BY REGISTRAR 25 REGISTRAR'S SIGNATURE DHMH - 16 50M 4/82 William E. Johnson8521 Loch Raven Blyd (VRA 15, 4)

Section 5 - 55 The Common Common Company of the Common Com		
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1. D	REGISTRAR DECEASED NAME Samu			dnor	CATE OF DE	20. DATE KNOW	EG. NO.	DAY YEAR 26., H
	TYPE OR PRINT) Samue	En	206	Dirdin	in	OF EST DEATH MAT	1.	10 00 110
	EX 1 RACE	5. DATE OF BIRTH	6. AGE (IN YEAR	FUNDER I YR.	IF UNDER 24 HRS	. 2c. DATE	монтн	DAY YEAR 2d F
1	Male W	3-29-	YEAR LAST BIRTHDAY	MONTHS DAYS	HOURS MIN.	PRONOUNCED DEAD	9-	14 1982 10
7a.	BIRTHPLACE (STATE OR	76 CITIZEN OF WH		MARRIED   NE	VER MARRIED	9 BALTIMORE		
	Virginia	U.S.A.		WIDOWED 🔀	DIVORCED	Harfor		
	CITY OR TOWN OF DEATH		PITAL, NURSING HOME, ( CILITY, GIVE STREET ADDRESS) T Broadway		TION 120. U	SUAL OCCUPATION R MOST OF WORKING LI	N (TYPE OF WORK	OR INDUSTRY
	UAL RESIDENCE (IF IN NURSING HOM							GIIIGII
0	aryland Ha:	rford	Bel OR ACT	13d. INSIDE (	CITY LIMITS? 13 5	REET ADDRESS	Broadu	av 21314
	FATHER'S NAME	WIDDLE	LAST	15. MOTH	ER'S MAIDEN NAM			
	Howard	MIDDLE	Syndör		Adline		Weddir	ום ""
160.	WAS DECEASED EVER IN U.S. A (YES NO, OR UNKNOWN) (IF YES GO	WE WAR OF DATES)	166. SOCIAL SECURITY I			A. Huffn	DRESS BOX	c 342 cbury, Md
		W II	.1	7/   00 61	ISTINE .		Mai	
	18 CAUSE OF DEATH (Enter	only one cause per line	for (a), (b), and (c).)			1	0 -	APPROXIMATE INTER
		IATE CAUSE (o)	novalle	Coron	vry ar	teres oc	chuses	n Mineral
i be	19100	DUE TO, OR	AS A CONSEQUENCE OF		8	1		
	Conditions, if ony, whi		A50	1/0				Vegan
-	gave rise to immedia cause (a) stating the unde		AS A CONSTOURNESS OF	1			-	10000
	lying couse last.	DUE TO, OR	AS A CONSEQUENCE OF					
		(c)						
	PART 2 OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMIN.	AL DISEASE DR CONDITIO	N GIVEN IN PART 1 o			
l s								
<b>1</b> \$	19a. DATE OF OPERATION	19b. CONDIT	TION FOR WHICH OPERA	TION WAS PERFOR	RMED?			2D AUTOPSY?
CERTIFICATION								VEC D
4 5	210 EXTERNAL CAUSE WAS	21b. TIME OF	INTO DV	I at - HOW IN IN INCOME.	VOCCURRED ON			YES NO
			MONTH DAY YEAR	ZIC HOW INJURY	Y OCCURRED (ENTE	K NATURE OF INJURY IN	IIEM 18 PART I OR PA	ARI 2)
3	CONTRIBUTING CAUSE C	OF DEATH P.M	. 19					
MEDICAL	21d INJURY OCCURRED		OF INJURY (AT HOME,	21f. LOCATION STREET		CON ACTION		
*	WHILE NOT WHILE	STREET, FACT	OKT, PARM, ETC.)	PINEEL		CITY OR TOWN	CC	OUNTY S
	AT WORK							
	22a. I certify that I taak cho	arge of the remains des	cribed abave, held an	Autopsy,	Inspection	Inquiry	ond in my o	pinion
	deoth resulted from: No	ntural causes	Accident, Sujet	tje 🔲 , Hami	icide . Und	etermined manner		
	0	111	0/ //	/	SPECIFY)			1/
	ACTUAL AM	wel L.	Hanne	210	ments		DATE	9/14/8
1	SIGNATURE	1020	1	M.D	ME ME	DICAL EXAMINER	SIGN	ED 1011
	EXAMINER'S NAME 53	Laured H	Hack	% b	14/11/4/	ti vinee	ler jor	1001 1001
-	(TYPE OR PRINT)	MOE! !!	nench, 1	ADDRESS_	Whiter	ord, 141	34 / 34	10, 21160
	BURIAL, CREMATION, REMOVAL	L 23b. DATE	23c. NAME OF CEME		ORY 23d.	LOCATION		INT STATE
1	Cremation	9-15-82	Lee Cre	matory		ashingt		0 /
24		.1						
	FUNERAL DIRECTOR				230. DATE REC'D.	BY REGISTRAR 12	REGISTRARIS	SIGHATURE
1		Home ADDRE	aldorf. Ma	ryland	SFP 1	7 1986	REGISTRANS	SIGNATURE
ı		l Home, ADDR W	aldorf, Ma	ryland	SEP 1	BY REGISTRAR 28	REGISTRANS.	SIGNATURE

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Translating 9-19-50 Lee Cremptory Landington, D. C.

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THE GOLD STATE IN LAST 3625-2

							STAT	E OF MARYLAND					about the same
1		1.	FOR STATE			DEPARTI		EALTH AND MENTAL HY	GIENE 8	2 2	2 3	9	3 3
	2.4.0		REGISTRAR							REG. NO.			
1.0	m.e		CEASED NAME	FIRST	MIDE	DLE		A A I I	2a. DATE O	DEATH MONTH	DAY	YEAR	26 HOUR
Š.	poge ar deot		He	erpert	· k	ugene	V	anAtta		Sept.	19	82	7.45 M
9	r po	3. SE		4 RA	CE		S. DATE C		6. AGE (IN)	EARS LAST BIRTHDAY)	IF UND	DER I YEAR	IF UNDER 24 HRS HOURS MIN
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e e	by the feel with	10. C	TY OR TOWN OF DEAT			SPITAL, NURSIN		OR OTHER INSTITUTION		OCCUPATION K FOR MOST OF WORKIN		L KIND O	F BUSINESS OR
20 40 5	by the	Ha	YRE de Gra	11	actord	Memo		Hospital		rician			shoe Co.
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BALTIMORE, MARYLAND 2120 cote be executed within 24 hours	filled	130. 3	d m	Harfe		Bel Can		13d. INSIDE CITY LIMITS?	13e. STREET	Bux 6.5			
YLA Ibin	7 - "-	14. FA	THER'S NAME				1	15 MOTHER'S MAIDEN NA		W, 43			
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T, X	E 0 23-1	14- 14	Daniel /AS DECEASED EVER IN	IIIS ADAAED	Vai	n Atta b social secu	IDITY NO	Katherin	<u>e</u>	ADDRESS	Di	111	
OR	Pages 1			(IF YES, GIVE WAR	OR DATES)			17 INFORMANT					
T Pe	S.P.		Yes	WW-II		089-18-	3110	Ethel Van At	ta, P.0	Box 65.	Belc:		
BAL	ysici yol.		18 CAUSE OF DEATH PART I. DEATH WA	Enter only on	e couse per lin	e for rail, joil, an	dich x	1	110	7		BETWEEN	MATE INTERVAL
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N S	ding orbc orrestric		2028		DUE TO OR A	S PONSEQUI	ENCE OF	7	0.	1	-0		
W. PRESTON	tten ve c an,		Conditions, if any,		00010,000	ree	uss	ent be	or s	went	lyen	ple	ma
Pa e	emo emo mot		gove rise to imme	diote		1		1	1 01		0/1	1	1 10 10
¥ + 10	by the		underlying \( \) couse	lost.	DUE 10. OF A	S A CONSTOU	ENCEST	whist	my	o had	ine	lun	
201 es #	pleo uriol		PAN 2. OHER SIGNI	EICANT CON	DITIONS CON	I BUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAI DISEAS	E OR CONDITION	GIVENIN	PART LE	
DS, quir	sign hen to bi	Z	Xlean	de	. 1	De la	Auch s				011611		
O P	prior any it	Ĕ	19a. DATE OF OPERATION	ON	CONDITIO	ON FOR WHICH	OPERATIO	N WAS PERFORMED	20g AUTO	DPSY?   20b. IF	YES, WE	RE FINDIN	IGS USED
S o	s o o o	CERTIFICATION			/					IN CE	RTIFYING	CAUSES	OF DEATH?
The		E	21g. ACCIDENT WAS UNDER	IVING D	21b. TIME OF II	U II IDV		21c. HOW INJURY OCCUR	YES	NO []	YES _		NO []
A NA	is certificate I burial transit Mental Hygie or Item 18 sha		OR CONTRIBUTING CA		HOUR A.M.	MONTH D	AY YEAR	THE TIO W INSORT OCCOR	KED (ENIEKN)	TIONE OF INJUNT IN HEM	Id PARI I C	JR P ART 2)	
SIC	certification in the management	ŏ.	( IF EITHER, NOTIFY MEDICA		P.M.		19						
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The low requires the	the burned M	MEDICAL	21d INJURY OCCURRE	1	THE PLACE OF	INJURY FACTORY, OFFICE I	FARM, ETC }	21f LOCATION STREET		CITY OR TOWN	C	OUNTY	STATE
2 07	fter ds th orke	-	WOW IN WORK							1. 10 10 000			2
97	S mc		22c.1 certify that (1	his haspital) o	stended the d		9-1	8 19 8 2	, to	7-19	19	92	that (1) (we) last
TTE	RECTOI ned for ppt. of H		sow the deceased above, ( we) ( die	offee on	w the body off		82	nd that in (my) (our) opinion	death occurre	d on the date and	hour and	from the	pauses stated
			NA SIGNATURE	11	A	ar security		DEGREE	,		1	THE STATE	SIGNED
0 3	etac D		1/1	0	1		U.	D. ATTENDING PHYSICIAN	DIRECTOR	STAFF PHYSICIAN	9	/19	h
¥ H	Sto de d	1	THE MAYSICUM SHAM	NE ITHE CONTIN	n		,	22e ADDRESS	DIRECTOR	//	11	1	m
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			URIAL, CREMATION, RI SPECIFY)	EMOVAL 23	b. DATE		NAME OF C	EMETERY OR CREMATORY		ORTOWN	cou	NTY	STATE
В	P		Burial	2	3 Sep	1982 B	akers	Cemetery			rfor		ryland
DHMH	- 16 50M 4/82	24. F	UNERAL DIRECTOR			ADDRESS		25a DA	IE REC'D. BY	REGISTRAR 25b. REC	SISTRAR'S	SIGNAT	URE
()	VRA 15, 4)	Ta	rring Fune	ral Hom	e.P.A.	Aberde	en, Md	21001-3399	RED O	7 1020	70	0	Cil

material and the control of the cont . OO come need to Laring Thurs. C. granulet an state. . Lords say Innat Office de Co. correct 123 Sec. Ashing making the contract of 

9	_	1.	FOR STATE REGISTRAR	DEPARTA	CERTIFICATE OF DEATH	REG. N	2 3	934
	(M)		CEASED NAME FIRST	PLY SUE	LAST UGUS IS, DATE OF BIRTH	20. DATE OF DEATH  Solember  6. AGEL IN YEARS LAST BIR	MONTH DAY	2b. HOURS
-	hage 4 in firector.	0	RTHPLACE I STATE OR FOREIGN 76	White CITIZEN OF WHAT COUNTRY?	MONTH G 82	9. BALTIMORE CITY O	YRS.	DAYS HOURS MIN.
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101	by the tilled with	4	lure de Grace	IF OT IN SUGIFFACILITY GIVE OF BEST	emorial Hosp.	12g USUAL OCCUPAT		KIND OF BUSINESS OR DUSTRY
AND 212	in 24 hours	1	AL RESIDENCE (IF NURSING HOME OR OT STATE 135, COUNTY	HER INSTITUTION GIVE RESIDENCE BEFORE  13 CITY OR TOW  PERFYL	IIIL YES NO	13e. STREET ADDRESS	6.12 c	John St.
MARY	ond 2		MICHOEL A	DOLE LAST	15. MOTHER'S MAIDEN NA	Jean		LAST
IMORE	n and c		VAS DECEASED ÉVER IN U.S. ARME ES, NO OR UNKNOWN) (IF YES, GIVE W		Mko, DOBOTH	Y JEAN AL	ALLS.	21903
F. BALT	physicia physicia npapers moval.		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:		- Arre	est	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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J W. PRE	that the day the manager common of, creman		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE		proma	levety	
RDS, 20	equires n signec Then pla r to buria injury, o	NO	PART 2. OTHER SIGNIFICANT CO	nditions contributing to	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN	PART Ira
IL RECO	he law r ban. has bee t permit. ene pria	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	E FINDINGS USED CAUSES OF DEATH?
DIVISION OF VITAL RECORDS.	YSICIAN: The ding physicia is certificate b burial-transit Mental Hygie or them 18 sha		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DA	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OF	PART 2)
VISION	G PHYS	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21f. LOCATION	CITY OR TO	DWN CC	DUNTY STATE
	R ATTENDIN haspital or RECTOR: Afr red for use o spt. of Health rem 21 is mor		220.1 certify that (1) (this haspital saw the deceased alive an abave, (1) (we) (did) (did nat)	9-7 19	, and that in (my) (aur) apinion	death accurred an the d	7, 19 date and have and t	ram the causes stated
	the the stock of the Performance Designation of the Performanc		226. SIGNATURE	Par by	DEGREE ATTENDING PHYSICIAN L	MEDICAL STA		9/7/82
	TO HOSPITAL retained by t TO FUNERAL should be det with the State IMPORTANT:		22d PHYSICIAN'S NAME (TYPE OR P		220. ADDRESS 419 S.C	WON AVE	1409	21078
	BP		BURIAL, CREMATION, REMOVAL	9-9-83 D	NAME OF CEMETERY OR CREMATORY  ARLINGTON, CEM.		HARE	ORD MA
	DHMH - 16 50M 4/82 (VRA 15, 4)	24. F	INCHELL F. H.P.	4. HAVRE ADDESS	GRACE MD. 250 DA	EP 9 1962	25K REGISTRAR'S	39 Nowereld

STATE OF MARYLAND

THE END REPORTED TO A PERSON SHAPE A State shingt gas - Income II the last same he sever MITCHELLIBER PARKETE FRALE KING

)	1-	FOR STATE REGISTRAR			DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	2	3 9	3 5
		CEASED NAME	FIRST	A	AIDDLE	L	AST	20. DATE OF DEATH	MONTH DA		26. HOUR
			MES		obert	l	DATTERS	D. T.	9 a:	3 82	(O'AM
11	3. SE		ľ	RACE		5. DATE C	DAY VEAR	6 AGE (IN YEARS LAST BIR		ONTHS DAYS	HOURS MIN
y	<u> </u>	RTHPLACE ISTATE OR FO	DE ION	Black	WHAT COUNTRY?	Nov.2	9, 1914	9 BALTIMORE CITY O	YRS.	OF DEATH	
35	Ma	ryland		USA		WIDOWE		HARE	ORI	)	MD
8/2	F	-AUSTON	)		OSPITAL, NURSIN HEACILITY, GIVE STREET,		RALHOSPITA	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST C Caretake)	OF WORKING LIFE)		ery
35		at residence (if nurs tryland	Hari	ord	Churchy	n 7ille	13d Inside City Limits? Yes \( NO \( \overline{\ov	2321 Church	nville	Road	
71	14 FA	Jacob		IDDLE Ses	Watters		15 MOTHER'S MAIDEN NAM	El <sup>T</sup> en		LAS	a .
5	16n V	VAS DECEASED EVER			16b SOCIAL SECU	PITY NO	Mary  17 INFORMANT			Smith	1. 21217
ll		no or unknown)		WAR OR DATES)	212-12-1		Mrs. Mary Bro	own,1609 Gwy	ynn Fal	lls Pkv	vy
vent, me		18 CAUSE OF DEATH PART I. DEATH W	H (Enter only AS CAUSED IMMEDIATE	BY:	line for (a), (b), and	ilV)	or an	ut		BETWEEN	MATE INTERVAL ONSET AND DEATH
net recending		Conditions, if any, gave rise to imm cause to statin underlying cause	which nediate g the	DUE TO, OF	AS A CONSEQUE	NCE OF	Uns Fre A	rust Dis	m		
alory, or o	NO			ONDITIONS CO	ONTRIBUTING TO	E BUT	NOT RELATED TO THE TERM	inal disease or con	DITION GIVE	N IN PART 1(c	01
1	CERTIFICATION	190 DATE OF OPERAT	ION	70.0	TION FOR WHICH	OPERATIO	S PERFORMED	200 AUTOPSY?		WERE FINDIN	
9		21a, ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDICA	AUSE OF DEAT	21b. TIME OF HOUR A./ P./	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PAR	RT 1 OR PART 2)	
o de la composición dela composición de la composición dela composición de la composición de la composición dela composición dela composición de la composición de la composición dela composición de la composición dela composición dela composición	MEDICAL	21d. INJURY OCCURR WHILE NOT WHAT WORK AT WO	ILE (T)	21e PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F.	ARM, ETC.)	211. LOCATION STREET	CITY DATION	7	COUNTY	STATE
n 2   12 m		22a. I certify that (1) saw, the decease above, (1) (we) (d	d olive on_	7/72	19	82 on	d that in (my) (our) opinion o	death accurred on the de	ote and hour	ond from the	that (I) (we) lost couses stated
= = = = = = = = = = = = = = = = = = =		22b. STENATURE	m	, ms	nohi	Am,		MEDICAL STAI DIRECTOR PHYSIC	FF CIAN []	22c. DATE	SIGNEDY 23/12
4		22d PHYSICIAN'S NA	ME (TYPE OR	PRINT)			22e/ADDRESS		. 1		-

DHMH - 16 50M 1/76 (VR A 15 (4))

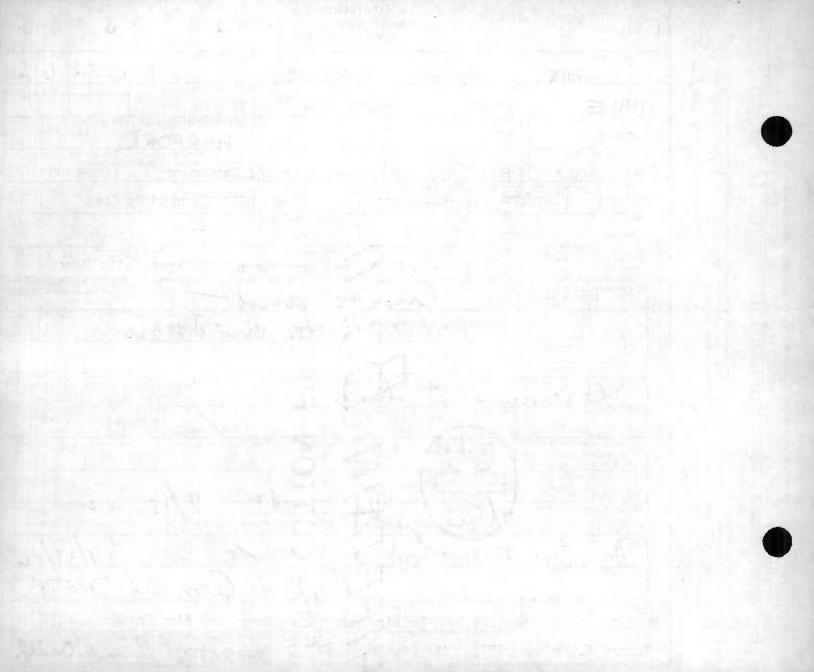
Howard K. McComas III, Abingdon, Md. 21009

23b. DATE

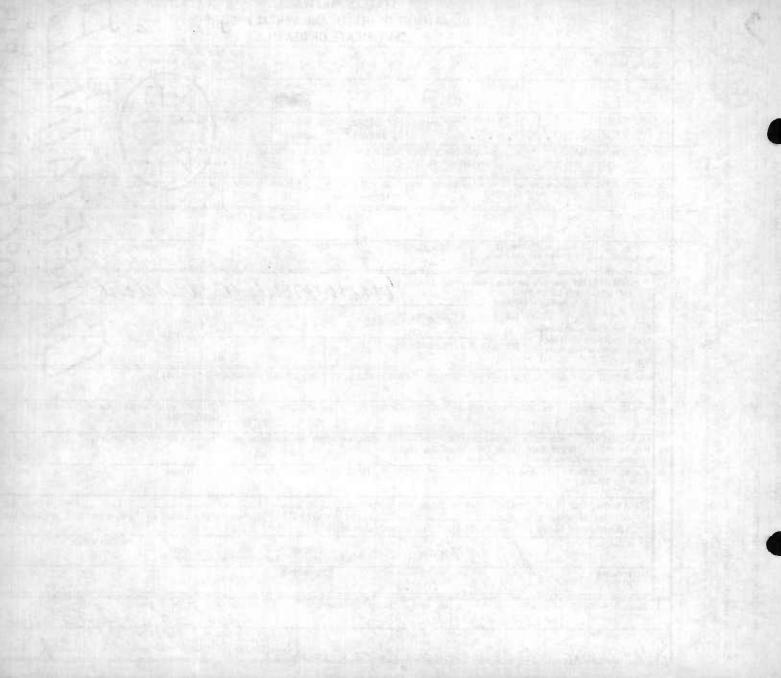
230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23d LOCATION SHY OR TOWN Harford BelAir Memorial Gardens

Md.



STATE OF MARYLAND



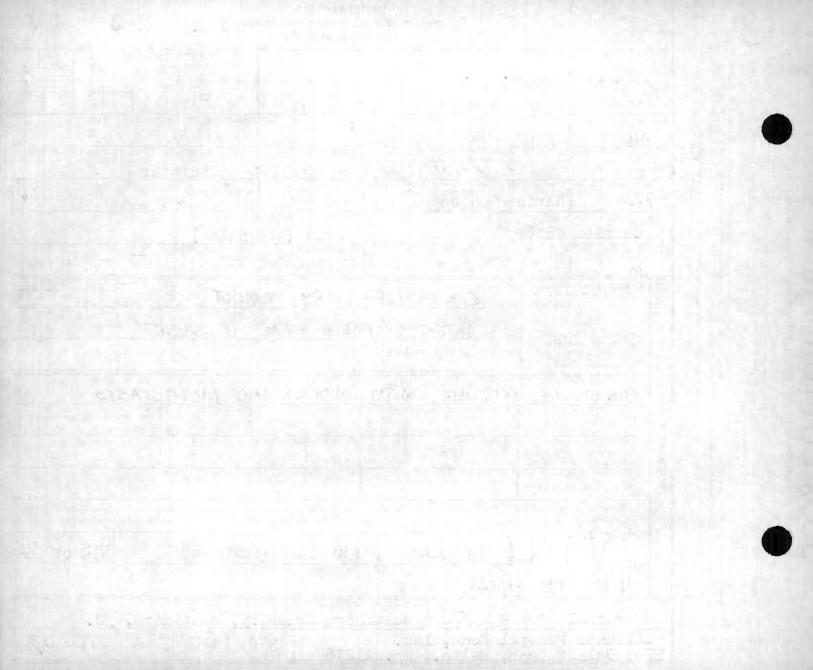
TO FUNERAL DIRECTOR. After this cardiscate has been signed by the attending physician and completely filled in by the fishald be detached for use as the busist trainst parms. Then please remove carbonaparts Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, as removal.

			STAT	E OF MARYLAND		man in the A
1	FOR  STATE  REGISTRAR	DEPAR		IEALTH AND MENTAL HYG FICATE OF DEATH	0 2. 6.	3 9 3 /
I. DE	ECEASED NAME FIRST	MIDDLE		LAST	REG. NO.	19482 YEAR 126 HOUR
1799	Charles	A. W. Whi	t 0		190	20 82 905
1.56		4 RACE	5. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR IF UNDER 24 H
	MALE	W hite	05	DAY YEAR	8/ YRS.	MONTHS DAYS HOURS M
1	BIRTHPLACE (STATE OR FOREIGN	USA .	? 8. MARRIE WIDOWI	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
FA	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS IF NOT IN SUCH FACILITY, GIVE STREE ALLS TO		OR OTHER INSTITUTION.	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L  Minister	126. KIND OF BUSINESS
1,	Har	Tord Joppa	WN	13d INSIDE CITY LIMITS? YES 😿 NO [	STREET ADDRESS	ROC JOPPL N
5	Charles Whi	middle LAST		Is MOTHER'S MAIDEN NA FIRST (nee	e Hale )	LAST
	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC INE WAR OR DATES) 200 01	4124	17. INFORMANT BESSIE WIFITE	ADDRESS Wi = 82 FOYNELLERO	fe STPPA MI
	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF THE PORT OF		PROTIC HEAR	T DISEASE	
N O	PART 2 OTHER SIGNIFICANT	PROSTATE	DEATH BUT	WIDES PRE	INAL DISEASE OR CONDITION GI	VEN IN PART 1(a)
THEATION	90 DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
CAL CERT	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	AIR	DAY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	saw the deceased alive ar above, (1) (we) (did) (did no	nital) attended the deceosed fram  19 at) view the bady after death	, a		, to deoth accurred on the date and ha	
	226 SIGNATURE	Chyanker		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	20 Sept 8
	22d PHYSICIAN'S NAME (TYPE OF	OR PRINT)		22¢. ADDRESS		
23o.	BURIAL, CREMATION, REMOVAL		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY STAT
	(SPECIFY) Burial	9/23/82	Ralti	more Cemete	ny Baltimore	Md

21236

25- DATE REC'D. BY REGISTRAR 25W REGISTRAR'S SIGNATURE . Consul

DHMH-16 30M 2/80 (VRA 15, 4) <sup>2</sup>5 Chimunek Funeral Home, Inc. 9705 Belair Road, Balto., Md.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME LAST 20 DATE OF DEATH MONTH (TYPE OR PRINT) 82 Winfield Wise Lewis 4 RACE SEX 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR 1910 72 Male Cauc. RIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY U.S.A. Maryland WIDOWED DIVORCED [ Harford County CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LITYPE OF WORK FOR MOST OF WORKING LIFE! Bel Air 800 C Coconut Court #21014 Sales

12b. KIND OF BUSINESS OR Bldg. Supply SUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY 13e STREET ADDRESS 800 C Coconut Ct. #21014 13d INSIDE CITY LIMITS? Harford Bel Air Maryland 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST Adele Kennedy William Wise 60 WAS DECEASED EVER IN U.S. ARMED FORCES? Bel Air, Marwland 21014 166 SOCIAL SECURITY NO. 17 INFORMANT IYES NO OR UNKNOWN (IF YES GIVE WAR OR DATES) Alma V. Wise, 800 C Coconut 107-09-5034 ww = HYes APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and/ic PART I. DEATH WAS CAUSED BY: SQUAMOUS CELL CANCER LUNG USTASTATIC HONTH' DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 ARETES 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO I 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIFEITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN (AT HOME STREET FACTORY OFFICE, FARM ETC.) STATE NOT WHILE 170 GU SI 27s.1 certify that (1) (bis-bi deceased from 97, and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated saw the deceased alive on. atrove, (1) (we) (did) (did not) viewwhe body after death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN ZZd. PHYSE 22e ADDRESS

DHMH - 16 50M 1/81 (VRA 15, 4)

+

MPORT

9/15/1982 Burial -Mitchell-Wiedefeldess 10 W. Padonia 250 DATE REC D. BY REGISTRAR 20 REGISTRAR'S SIGNATURE.

John Lavin, M.D.

23a BURIAL CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Fallston Harford Md. Highview Cemetery

6805 York Road

IF UNDER 24 HRS

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To 23 May 1 26 700 THE POLICE ON THE STATE OF THE • 11 . • 11 The second of the second secon THE PERSON THE STATE OF THE PROPERTY OF THE PERSON OF THE